nding physician and completely filled in by the funeral director, page 3 carbonpapers. Pages fond 2 should be filed within 72 hours after death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO)		
I DECEASED NAME FIRST	MIDDLE	LAST			MONTH DAY	YEAR	26 HOUR
(TYPE OR PRINT)	Y S.	BERM	VARD	November	21,	1985	12:30F
3. SEX	4 RACE	5 DATE OF BIR	тн	& AGE (IN YEARS LAST BIRT	HDAY) IF L	UNDER I YEAR	IF UNDER 24 HRS
Female	White	May 5	, 1901 FAR	84	YRS	INS DATS	HOURS MIN.
To. BIRTHPLACE LISTATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	(2 B	NEVER MARRIED	9 BALTIMORE CITY OF		DEATH	11111
COUNTRY)	USA	WIDOWED X		Baltimon	e City		MI
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OT		120 USUAL OCCUPATIO	NC		F BUSINESS OF
Baltimore	310 Suffolk R			Homemak		Own	Home
USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COL			DIGIDE CITY HAVITOD	13e STREET ADDRESS /			
MD	JNTY 13c. CITY OR TO		INSIDE CITY LIMITS?	310 Suffo	lk Rd.	. 212	18
14 FATHER'S NAME		15. A	NOTHER'S MAIDEN NA	AME	200		
Samuel E.	D. Stuart	Walter Land	Emma	WIDDLE		Robso	
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	CURITY NO 17. II		E. 44 - ATO	6	New	York,
(YES, NO OR UNKNOWN) (IF YES C	216 46	1887 F	Richard C.	Bernard,	Jr.	New	York
	only one cause per ling or ran, this		711	0		APPROVED A	MAJE SWERVAL
PART I. DEATH WAS CAUS	SED BY. ATE CAUSE (a)	Conal	thomas	Low	7	1	Va
MMEDI	DUE TO, OR S CONSEQ	welche 1	70-			1	-
Conditions, if any, which	1 at Conse	Coul	140	> 1		1 -	4
gove rise to immediate come is violing the		CASSIAN DEA	0 0		1000	1	11
underlying spuse list	DUE TO, OR AS CONSEQ	NEW OF	inal	AS		2	2_
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT	RELATED O THE TENN	MINAL DISEASE OR CONC	ITION GIVEN	EN PART THE	1
				Value Party and Art and			
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATION WA	AS PERFORMED	20a AUTOPSY?	206 IF YES, W		
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210. ACCIDENT WAS UNDERLYING		216.	HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)	
De Controllation Controllation		DAY YEAR					
GRECONTRIBUTING CAUSE OF D	21e PLACE OF INJURY	211.	LOCATION				
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE	E, FARM ETC)	STREET	CIIA OB IOA	VN	COUNTY	STATE
	pital) attended the deceased from		St 119 60	D10 111	1 19	85	that (1) last las
sow the deceased plive a	n_11118 id	47 4	it in (my) (our) opinion	death accurred on the do	te and hour or	nd from the	couses stated
22b SYCNATURE	view the body after death.	DEGR	EE .			22c DATE S	SIGNED
h	FF	1 6	ATTENDING	MEDICAL STAF		11/2	ONA
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	122e	ADDRESS	DIRECTOR FITTSIC	IAIN 🗔	11/10	700
On Nonman	R. Freeman,	dr. MD	4300 N	. Charles S	St. F	Balto.	. MD
23a BURIAL, CREMATION, REMOVA			ERY OR CREMATORY		,		, 1410
Burial	11/25/85	Green		Balt	0	VINUO	MÖ
24 FUNERAL DIRECTORHENCY				TE REC'D BY REGISTRAR		R'S SIGNATI	
NAME	ADDRESS	2013		VIIV 22 1085	الم معروب بدر	PALL REGION	-handall

Balto., MD

21212

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE NOV 22 1885

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If them 21 is marked ar them 18 shows any

(VRA 15, 4)

4905 York Road

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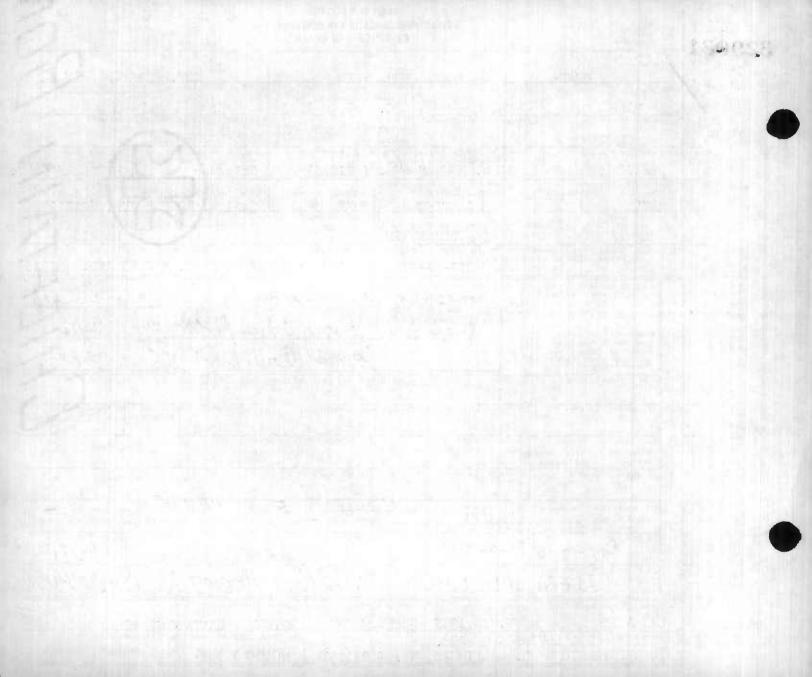
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Henry W. Jankins & Sone Do.

		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ge 4		MALE	WHITE	DEC.	7, 1903	81	YRS.	TONINS DATS	HOURS MIN.
S Page DIL		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	NEVER MARRIED X	9 BALTIMORE CITY	RCOUNTY	OF DEATH	
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ter o	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	ADDRESS)	THER INSTITUTION	170 USUAL OCCUPAT			F BUSINESS OR
The state of the s	1 0	BALTIMORE	2411 W. ROGERS	AVE. (21215)	Salesman			LERS DEPT.
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or o	1	LEWIS	BERNS'		JANE	ADDR	555	HARR1	S
h ond Poges			E WAR OR DATES)		INFORMANT			DC AVE	(21215)
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hysic pape aval		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one couse per line for (a), (b), and D BY:	الله ما	21720000	in to			MATE INTERVAL
ng p bang rem			E CAUSE (o)	WE INC	an jarang [1	04 100		^	month
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this the bird of or	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT MOME STREET FACTORY, OFFICE, FA		LOCATION	CITY OR TO	NWN	COUNTY	STATE
ING Affer of Ith a narke		AT WORK				111,0	121-		
END To los Head	1	220.1 certify that (I) (this hospit saw the deceased alive an	tal) attended the deceased fram_	and th	at in (my) (out) opinion o	eath accurred on the d	ote and have	19	hat (I) (we) last
Aft losping ed for or of or of		abave, (I) (wa) (did no	t) yiew the body after death	DEG		searn occorred on the a	are ond noor	22c. DATE S	
the He best of the Person		ansyl	Hea My	520	ATTENDING	MEDICAL STA	FF.	11/11	185
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BP		CREMATION			OUNT CREMATO	ORY BALTI	MORE	MD .	STATE
DHMH - 16 60M 7/84			INSON & BROSOMESS		25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTR	RAR'S SIGNATU	
(VRA 15, 4)	60:	O REISTERSTOWN	RD. BALTIMORE, M	MD. (2	1215) NO	V 2.1 1985	العاميدي شارا	ina -	- Partie



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		E OR PRINT)	CAROL		L.	BER	RIO		20 DAT OF DEA		11	20 20	YEAR 1985	26 HOUR
S NECESSARY, PLEASE FUNERAL DIRECTOR. E. 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	3. SE)	F	RACE	3- 22-1	YEAR		NTHS DAYS	IF UNDER 2	MIN PRONC	ATE DUNCED AD	MONTH 11	21 22	YEAR	8:40 PM
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T., BALTIMO DURS AFTER E 18. GIVE PA 11. PAGES II 11. PAGES II 12. PAGES II 13. PAGES II 14. PAGES II 15. DIVISION O	16a V	VAS DECEASED E	VER IN U.S. ARA	MED FORCES? WAR OR DATES)		188-3373	NO.	Bases	A. Jan	L daws	۷,- ۱	113	NIT	224
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SION OF VITA THECATE SHO TO THE CHILI SHOULD BE US PARTMENT OF RIOR TO BURIN	MEDICAL CERT	216 EXTERNAL OUNDERLYING CONTRIBUTING	OR CAUSE OF D	21b. TIME OF HOUR A.M. 2P.M. 21e PLACE O	MONTH 11-20	- 1985 S	ubject			F INJURY IN ITEM 18 I	PART 1 OR PA		20 04	
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TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STYLEND, 2	AT WORK AT WORK MOTEL 819 North Point Rd., Balto. 27a certify that I took charge of the remains described above, held on Autopsy X, Inspection , Inquiry , and in my opinior death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner , ACTUAL SIGNATURE										-23-	85		
O MEDIC XECUTE T A AGE 4 SI O FUNER O FUNER ALTIMOR		EXAMINER'S NA	Ann	M. Dixon,			ADDRESS_			, Balto)., M	D 2	21201	
07/84 BP	(:	URIAL, CREMATIC	IAL	11-27-85		AME OF CEMETERY		CEM.		ILTO,	MA		STA	V\$E
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330052	ī	DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be		Mildre	ed M. H.	Betz	November 20,	1985 9:51p.M
no bo	3	SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
s of	771	Female	White	July 17, 1909	76 YR	
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s after d by the fur illed within		Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE GOOD Samarit	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKING Homemaker	12b. KIND OF BUSINESS OR
n 24 havi	50	JSUAL RESIDENCE (IF NURSING HOME OF 136 COL Maryland		more YES NO	3914 Wilk	ce Avenue 21206
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requires on signe Then pl		PART 2 OTHER SIGNIFICANT Recent	conditions Contributing to	DEATHBUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 11a
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Spiral or CTOR A Ifor use of Health	99		pital) attended the deceased from		an death accurred on the date and l	, 19, that (we) lost and from the causes stated
AL OR A the box AL DIRECTED DIRECTED DIRECTED DEPT.		22b. SIGN ATURE	Ch. Zaggid	B DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 11/22/85
HOSPITAL med by th FUNERAL uld be dett	1	228 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	March Land Hard France	
O HOSPITA erained by TO FUNERA should be d		Dr. Gerald	N. Maggid M.D.	8100 Ha	rford Road Balt	imore, Maryland
55 5433	7	38. BURIAL, CREMATION, REMOVA	L 236. DATE 236	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	
RD		Burial	Nov 23 1985	Parkwood Cometery	Reltimore	Many land

NOV 2 2 1985

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Maryland

BP.

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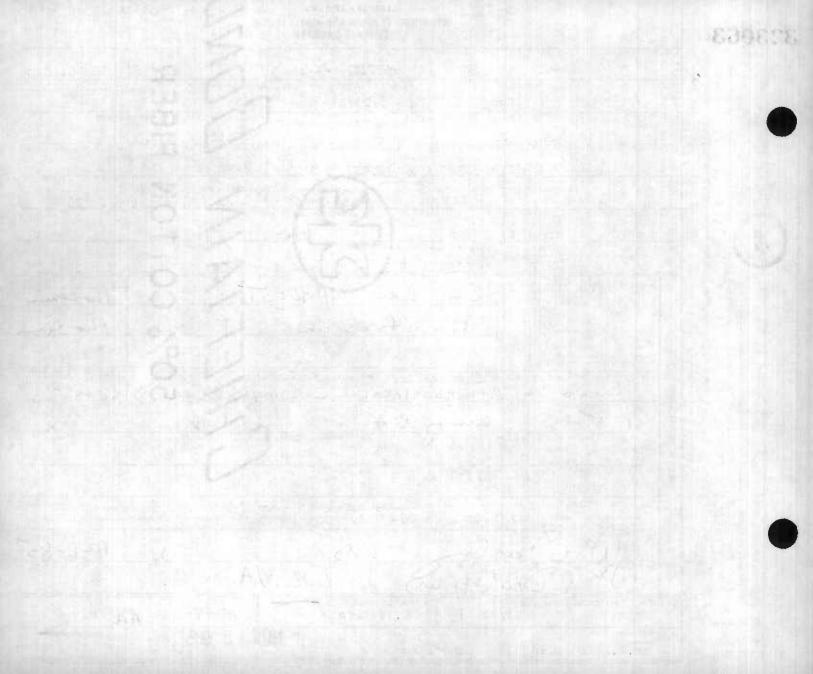
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Dr. Derall II. Collins

STATE OF MARYLAND

DHMH = 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR

Chas.A.Rice FSPA 1300 Eutaw Place



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41	R	EGISTRAR		WEL		EXAMIN		ERTIFICATE	OF DE	KI	EG. NO.		
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3.	SEX		4 RACE	S. DATE OF BIRTH	YEAR	6 AGE (IN YEA	ARS IF UN	DER 1 YR. IF UND	ER 24 HRS	20 DATE PRONOUNCED	MONTH	H DAY	YEAR 2d. HOU
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i		HER'S NAME		MIDDLE		LAST		15. MOTHER'S MA	IDEN NAMI	MIDDLE		LAST	
		charc		В.	Bi	ggs		Edna		М.		War	d
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Т			is, if any, which e to immediate	(b)									
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ı		lying cau	se last.	(c)								100	
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ı	20												
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			L CAUSE WAS	21b. TIME OF	INJURY	DAY YEAR	2Tc. HC	W INJURY OCCUR	RED LENTER	NATURE OF INJURY IN	ITEM IB PART 1 OR		
		UNDERLYING	NG CAUSE OF D			L7- 19 85		bject sho	ot.				
	¥ 1	A14 1540 (D)/ (C)	CCURRED	21a PLACE O	F INJURY	(AT HOME,	21f. LOC	ATION			77.47		
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								[37]					PIL
				of the remains desc			Autaps	-		Inquiry .	ond in my	opinion	
		death resulte	ed Irom: Natura	l causes	Accident	L.J., Sui	icide	Hamicide X		termined monner	L.		
		ACTUAL	XX	MAA	N	1		TITLE (SPECIFY)			DAT	F 11	10 05
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ľ		EXAMINER'S	NAME Ann I	M. Dixon,	MD			111	Penn	St., Ba	1+0 N	VID 21	201
100		TYPE OR PRIN						TO DICE SS			100., 1	.ID 21	201
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STATE OF MARYLAND

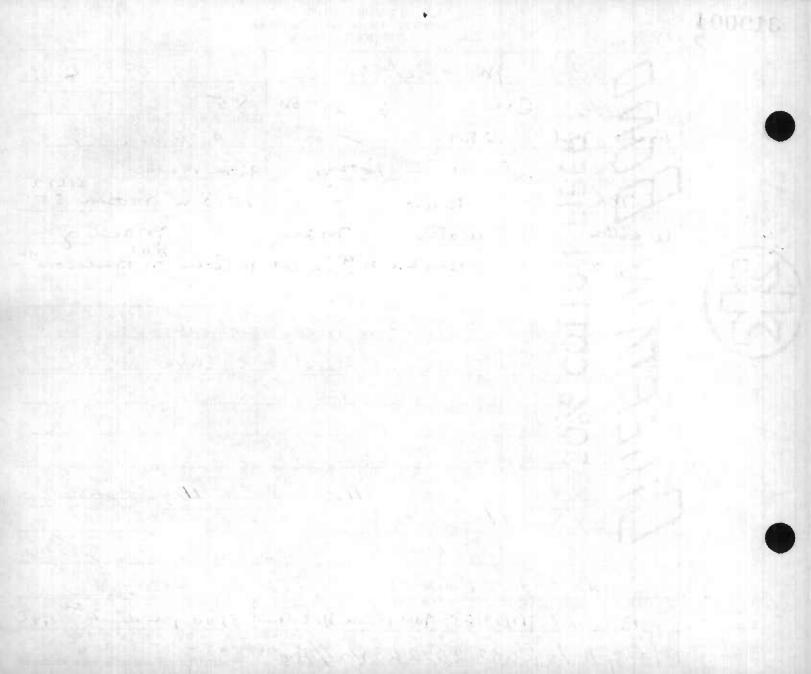
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STATE OF MARYLAND

ELLI HEE THE WORLD WINDS WITH THE PARTY OF THE PARTY Market Committee of the Control of t I A WILL

319004	FOR STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND HEALTH AND MENTAL HYGIENE FICATE OF DEATH	8 5 3 REG. NO.	0 5 7 4
n may be r, page 3 frer death	1. DECEASED NAME FIRST STAR RAH	A RACE S. DATE C	CKWELL 6 A	DATE OF DEATH MONTH D	PAY YEAR 26 HOUR 9 8 4.36 P.M 18 UNDER 1 YEAR 16 UNDER 23 HRS. NON 11-3 DAYS HOURS MIN.
deoth. roge 4	TO. BIRTHPLACE ISTATE OR FOREIGN BUNITRY BUNIT	76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWE 11. NAME OF HOSPITAL, NURSING HOME C	25 9 8 NEVER MARRIED 9 8 ED DIVORCED 0 DR OTHER INSTITUTION 12a	ALTIMORE CITY OR COUNTY BALTIMO USUAL OCCUPATION	OF DEATH C: tag MD. 126 KIND OF BUSINESS OR
YAND 21201	USUAL RESIDENCE OF NURSING HOME OF 130. STATE MA 136 COU	OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION) JINTY 136 CITY OR TOWN	113d. INSIDERTY LIMITS? 13e.	STREET ADDRESS / ZIP CODE	2117
MORE, MARY	16g. WAS DECEASED EVER IN U.S. A. (YES, NO OR UNKNOWN) [1F YES, O	MIDDLE WOLLS IRMED FORCES? 166 SOCIAL SECURITY NO. 17/14 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	M FIRST	MIDDLE M ADDRESS & H I	Bentalon St
ORDS, 201 W. PRESTON ST., B. requires that the death certifical en signed by the ottending physical burnol, cremotion, ar remove violury, or other traumatic event,	Conditions, if any, which gove rise to immediate cause (a), staffing the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT	O HEAR I F O 135 TRUCTIVE NOT RELATED TO THE TERMINAL	LUNG CLI LUNG CLI L DISEASE OR CONDITION GIVE	SLAS L EN IN PART 110
SION OF VITAL REC PHYSIC IAN; The low ending physicion. This certificate has be the buriol-transit permind Amental Hygene prin d or item 18 shows an	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALEXANINE OF DE LIFETHER NOTIFY MEDICAL EXAMINE OF THE CONTROL OF THE CONT	HOUR A.M. MONTH DAY YEAR		YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH? 5 NO ART I OR PART ?)
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BP	230 BURIAL CREMATION, REMOVAL (SPECIFY) 24 FUNERAL DIRECTOR AMME AMME		allo not Ce	3d LOCATION GITY OR TOWN 5 5 0 0 FACE OF STRAR 25 b. REGISTR	COUNTY AND STATE WILL ARE'S SIGNATURE



26003	1-	FOR 11-21-85 D STATE REGISTRAR	.W. DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	BIOOIE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
may be page 3 er death	(1.77		ВОУ	BLAKE	11- 13-	85 100
a d a	3. SE	(4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UN	DER I YEAR IF UNDER 25
ge 4		Male	Black	11 13 85	YRS	HS DATS HOURS
eoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF	DEATH
y the fu	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE UNION MEMORIAI			26 KIND OF BUSINES: NDUSTRY
24 hours	13a S	AL RESIDENCE (IF NURSING HOME C TATE 136 COO	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION) NN 138. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 1805 PIONEER CT	21144
y within pletely f		THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE MIDDLE	LAST
ond co		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
uires that the direction igned by the organization please remois cermonic cermonic version, or removing, or other troumotic event	z	Conditions, if ony, which gove rise to immediate couse (o), stofring the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF THE CAUSE (O) TO THE CONSEQUENCE OF THE CAUSE OF THE	turity; 23 WY JENCE OF TURE LABOR JENCE OF Drampetent		APPROXIMATE INTERVENCE ONSELAND D
n. nos been in permit The prior to	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WE IN CERTIFYING	RE FINDINGS USED G CAUSES OF DEATH
HYSICIAN: The administration of the administ	MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OI (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED AT WORK AT WORK	216. TIME OF INJURY HOUR A.M. MONTH D	19 211. LOCATION	YES YES TEN PER NATURE OF INJURY IN ITEM 18. PART 1.	OR PART 2]
offer the hong the		220.1 certify that (1) this has	n 1 13 19		death occurred on the date and hour and	85, thou (I) (we
to R ATTENDING the hospital or off I DIRECTOR After stocked for use as the EDEP. of Health or EDEP. of Health or it from 21 is marked.		sow the leceosed alive o obove. (1) (we) (fild) (did no 226 SIGN TORE	Bayusil,	M.D. ATTENDING PHYSICIAN		224. DATE SIGNED
OR ATTENDING to hospital or off DIRECTOR After sched for use as it begt, of Health on if them 21 is marke		22d PHYSICIAN'S NAME (17PE Denise	Bayuszik, Bayuszik	M.D. ATTENDING PHYSICIAN DIVING PHYSICIAN DIVING MEY	X MEDICAL STAFF DIRECTOR PHYSICIAN () n. Hosp Balt. 21	221. DATE SIGNED
to R ATTENDING the hospital or off I DIRECTOR After stocked for use as the EDEP. of Health or EDEP. of Health or it from 21 is marked.		226 SIGNATORE 226 PHYSICIAN'S NAME (TYPE	Bayuszik, Bayuszik	M. D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN D 1. HOSP Balt. 21: 1234 LOCATION	221. DATE SIGNED

FOR - STATE DECEASED NAME

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

HEILI OF HEALTH AND MELITIAE HI OTEN	
CERTIFICATE OF DEATH	REG N

CERTIFICATE OF DEATH	REG. NO.		
LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
BLANEY	NOVEMBER 7	85	6:14PM
DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEA	
July 23, 1908	77/ YRS	MONTHS DAYS	HOURS MIN.
	9 BALTIMORE CITY OR COUNT	Y OF DEATH	

RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 53
altimore, Md.	77 CT A	MARRIED M NEVER MARRIED
altimore, Ma.	U. S. A.	WIDOWED DIVORCED
TY OR TOWN OF DEATH	11 NAME OF HOSPITAL MUDSING	C HOME OF OTHER INICTITUTION

White

Milton

Baltimore City, 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Engineer

Canton R.R. 21224.

USUAL RESIDENCE (IF NU	RSING HOME OR OTHER INSTITUTION	N. GIVE RESIDEN
Md.	13b COUNTY	alt
14 FATHER'S NAME		

THOMAS

4. RACE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c

IMMEDIATE CAUSE (a)

15 MOTHER'S MAIDEN NAME

209 N. Curley Street

Lorenzo

Male

altimore

Blaneu 166 SOCIAL SECURITY NO.

NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Church Hospital

Laura

Aires 17 INFORMANT Baltimore, ADDRESSMd. -21224.

20b. IF YES, WERE FINDINGS USED

PART I. DEATH WAS CAUSED BY-

NWOT SC imore

CE BEFORE ADMISSION

705-10-9278 Mrs. Margaret A. Blaney-209 N. Curley

if any, which
ta immediate
stating the

DUE TO, OR AS A CONSEQUENCE OF MYOCARDIAL INFARCTION

CARDIAC ARREST

DUE TO, OR AS A CONSEQUENCE OF CARDIOGENIC SHOCK

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100

21a.	ACCID	ENT WA	S UNI	DERLYING	
OR	CONTRI	BUTING		CAUSE OF	DEATH
			-	CALEXAM	

NOT WHILE

90 DATE OF OPERATION

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

AT HOME STREET, FACTORY OFFICE FARM ETC 1

21e PLACE OF INJURY

220-1 certify that (1) this hospital attended the deceased from MNOVEMBER 6

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH?

(aur) opinian death accurred on the date and have and from the causes stated

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211. LOCATION

saw the decessor dive an NOVEMBER 7 abave, (1) (we) (dut) (did not view the pody after death 7 19 85 226 SIGNATURE

DEGREE

PHYSICIAN DIRECTOR PHYSICIAN

200 AUTOPSY?

77L DATE SIGNED

PEREDO, LUZVIMINDA K.

CHURCH HOSPITAL CORPORATION 100 NORTH BROADWAY BALTI, MD. 21231

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

22d PHYSICIAN'S NAME LITTE OF PRINT

231. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

Baltimore, Maryland

3000 A. Moran, Inc. Funeral Home Date Rec'd. By REGISTRAR'S SIGNATURE St.; Baltimore St.; Balto., Md. 21224.

Equator 127/127- Oak Acce Tempter, 4 117mgcc, Novembrand

325045	FOR 1 - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE 8 5	3057/
020010	1. DECEASED NAME FIRST	WIDDLE	ŁAST	20. DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
oge 3	Flore	ence C.	Block	11-11-85	1 14 85 7:37
do do	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE TIN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	Female	White	Jan. 5, 1916	69	MONTHS DATS HOURS MIN.
eoth Po	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Delaware	76 CITIZEN OF WHAT COUNTRY	MARRIED X NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR C	OUNTY OF DEATH altimore City, MD.
44	Baltimore	Union Memo	rial Hospital	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Clerk	126, KIND OF BUSINESS OR
35	USUAL RESIDENCE (IF NURSING HOMI 138. STATE 138 CC Maryland	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR DUNTY 130 CITY OR TOV	VN 1134 INSIDE CITY LIMITS?	13a STREET ADDRESS / ZI 4306 Furle	P CODE by Ave. 21206
300	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N		
P PETO		lark Howar	d Florence	ce Virqinia	Van Rossum
d co	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC		ADDRESS	
Pog Pog	No No		4695A John F. I	Block, 4306	Furley Ave. 2120
physicia physicia propersemoval.		only one couse per line for (a), (b), as			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ding carbo					
deoi otte ove ove ove	Conditions, if ony, which	(10) Probab	le Myocardial I	schenua/Infac	ction the
that the last remains of cremains of cremains or an experience or an exper	gove rise to immediate cause IaI, stating the underlying couse lost	DUE TO, OR AS A CONSEQU	PENCEOF.		
equires signed Then ple to burit	PART 2 OTHER SIGNIFICAN WITH	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ON GIVEN IN PART 110
hos beer prior	HX MT, 190 DATE OF OPERATION 11/13 210. ACCIDENT WAS UNDERLYING	Ne pholition for which	OPERATION WAS PERFORMED		DO. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO NO
IAN. The physicic physic physicic physicic physicic physicic physicic physicic physi	On continuous Clause or	216. TIME OF INJURY	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN	
SICL ng p certs unall- temto	(IF EITHER NOTIFY MEDICAL EXAM	NER) P.M.	19		
VG PHY offer this free this os the bi h and M	2 Id. INJURY OCCURRED WHITE NOT WHITE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NDII or		spital attended the deceased from.	11/11 19 83	5 . 10 1//4	19 83 , that (I) we last
Sprite Sprite CTO d for n 21		not) view the body ofter death		n death occurred on the date o	and have and from the causes stated
OR he ho	226 SIGNATURE	la 11/2 -	DEGREE ATTENDING	MEDICAL STAGE	IN. DATE SKINED
RAL det	20 PHYSICIAN'S NAME RIV	E. Willnes n	7D PHYSICIAN	MEDICAL STAFF	11/19/83
O HOSPITAL etoined by the TO FUNERAL should be det with the Stote MPORTANT:			22e ADDRESS		
etoined by TO FUNER should be: with the St		G. Weiner		on Memorial	Hospital
BP	23a BURIAL, CREMATION, REMOV		race Meth. Chu	CITY OF TOWN	Balto. Md.
				ATE REC'D. BY REGISTRAR 256	
DHMH - 16 60M 7/B4 (VRA 15, 4)	6009 Harford	ENBURG FUNERAL Rd., Balto., M	TIOTIL TIVE	NOV 1 9 1985	The Building Syndrone

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	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	30578
339160	II. DE	CEASED NAME FIRST	MIOOLE	LAST		ONTH DAY YEAR 126 HOUR
1 71	(TYP)	Richard		Bloom Jr.	1	1 16 85 3:50p
	3.58		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
- 1 of	1	M	White	MONTH DAY YEAR	24	YRS. DAYS HOURS MIN.
6 38 8/2		IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
		PA.	USA	WIDOWED DIVORCED	. 1 ()	timore City M
1 11 200	III C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	AODRESS)	120 USUAL OCCUPATION	
34000		Baltimore	Universit	1 Hospital	Repairm	
36	13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN			136 STREET ADDRESS / 12	
(BA) VOZ	14 F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME , I	1467
LI WILL OU	V	Richard	1 01	m Kathe	prothy Might	4 St Clas
1 8 0 8 8 h	160	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRES:	S
Poges		Unknown n	/	-1514 Kathy B1	oom 13e	
not the death certificaby the offending phy. 3se remove corban pol., cremoving or removing other troumatic event.		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEOU	ort ROSpientony	podomia)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PORSY BEN DTVV S
equires the signed Then place to buriol injury, or	NO	PART 2: OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	<u>DEATH</u> BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN PART 100
The low r ricion. The hos bee sist permit given prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \bigcup \text{NO} \qquad
IYSICIAN: The ding physicial is certificate buriol-tronsit Mental Hygie		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 19	RRED (ENTER NATURE OF INJURY)	IN ITEM 18 PART I ORPART 2)
offendir offer this as the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHAT AT WORK AT WORK	210 PLACE OF INJURY LATHOME STREET FACTORY OFFICE I	ARM ETC }	CITY OR TOWN	N COUNTY STATE
NDIP F or Use of Healt			tol) ottended the deceased Irom_	, 19	, to	
Spriol Spriol for U of He		sow the deceased alive on above, (1) (we) (did) (did no	19	ond that in (my) (our) opinion	death occurred on the date	ond hour and from the couses stated
SPITAL OK AT J by the hosp NERAL DIREC E Stote Dept. TANT: If them S		276. SIGNATURE	Nunam	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	INX CFOLLOW)
O HOSPITAL etoined by 11 TO FUNERAL should be det with the Stote		RICHARD	MURRA	220 ADDRESS OF F	14 Herry	mel
7 2 2 4		BURIAL, CREMATION, REMOVAL	236 DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial		estminster	Westmins	ter Carroll MD
DHMH - 16 60M 7/84		UNERAL DIRECTOR 41	2 Washington	noau	TE REC D BY REGISTRAR 25	b REGISTRAR'S SIGNATURE
(VRA 15, 4)	Re	obert K. Prit	ts, Sr., West	minster, Maka	5: 4000 des 1	Third Books .

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FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.			
a. DATE OF DEATH	MONTH	DAY	YEAR	25 HOUR
	17	20	85	1 55 A
ACE IMPREADED AST B	DIMPANI	IE UNID	ED L VE AD	IS UNDER DALLING

	1 DEC	EASED NAME	FIRST		MIDDLE		LAST .	20. DATE OF DEATH	MONTH	DAY	YEAR	25 HOL	ID
		OR PRINT)	Royde	en	Α.		unt	TO DATE OF DEATH	17	20	85		A M
	3. SEX			4 RACE		5 DATE		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER		IF UNDER	
	M	ale	1443	Wh	ite	May	1, 1892 YEAR	93	YRS	MONTHS	DAYS	HOURS	MIN.
		THPLACE (STAT	E OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8	DENEVER MARRIED	BALTIMORE CITY O	R COUNT	Y OF DE	ATH		
7	In	diana			S.A.	WIDOW	ED DIVORCED	Baltim		City	7,		MD.
V	10 CI	TY OR TOWN OF		(IF NOT IN SU	CH FACILITY GIVE STREET	DDRESS)		17a USUAL OCCUPAT		125 IND	KIND O USTRY	FBUSINI	ESS OR
Ť		Baltim		Unio	on Memor	ial	Hospital	President			Gla	RSS	
A	13a S	TATE TYLand	13b COUN		Baltimo:	N	136 INSIDE CITY LIMITS?	700 N. Ch	ZIP COL	DE St. 2	1201		
ľ	14 FA	THER'S NAME					15 MOTHER'S MAIDEN NAM					-	
9		Peter		WIDDLE	Blunt		Mary	Ann		4	Huc	lson	
		AS DECEASED E			166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS				
	(1	ES HO OR UNKNOWN	4) [IE 152 CIA	E WAR OR DATES)	214-03-0	0025	Mrs. B.B. Tayl	or 1231 La	ke Fa	11s	Rd.	2121	10
		18 CAUSE OF D	EATH Enter on	ly one cause pe	r line for (a), (b), and	die			v 1	8	APPROXI	MATE INTER	OEATH
		PARTI DEAT	H WAS CAUSE	E CAUSE (0)	pheumon	ia_					3 d	aus	
						NICEOF		4 HE S. 4	-3-1				4
	18	Canditions, if	ony, which	(16)	R AS A CONSEQUE	IACE OF							
		gave rise to couse (a), s underlying c		DUE TO, C	R AS A CONSEQUE	NCE OF					H	6	
				(c)_						_			
	Z	diabet		.ONDITIONS <u>C</u>	ON IKIBUTING TO E	SEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION G	IVEN IN F	'ART Iro		
-	ATIC	190 DATE OF OP		19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	120b. IF Y	ES, WERE	FINDIN	IGS LISE	D
1	CERTIFICATION							- 500	IN CERT	IFYING C		OF DEAT	TH?
	ERT	710 ACCIDENT WA	5 UNDERLYING	1 71b. TIME C	OF INJURY	_	21c HOW INJURY OCCURRE	1 - 2		YES D	PAPI 2)	NO [
)		OR CONTRIBUTING		10	M. MONTH DA	Y YEAR							
	MEDICAL	21d INJURY OC	MEDICAL EXAMINER		M. OF INJURY	19	211 LOCATION						
	ME		OT WHILE		REET, FACTORY, OFFICE F	ARM, ETC)	STREET	CITY OR TO	WN	cou	YIM	5	STATE
		AT WORK	I WORK				1	Class	7.0	6.7			
		22a I certify the saw theoder	ceased alive an re) (did)(did no	NOV	20 19		nd that in (aur) apinian de	, toNOV eath accurred on the di	20 ate and ho	, 19.85		hat (1)	we) lost
		275 SIGNATURE	(e) (did no	t) view the bady	after death.		DEGREE			_	DATE		
		Margar	ot ni	2011	2010		ATTENDING _	MEDICAL STAI				185	
		274 PHYSICIAN	SNAME (TYPE O	R PRINT)	W.L	N	278 ADDRESS	DIRECTOR PHYSIC	IAN		12	100	1
		Dr.	Margar	et M.	Vaughan		Unior	Memoria	1 но	spit	al		
	230 B	URIAL, CREMATI				IAME OF C	EMETERY OR CREMATORY	23d LOCATION					
	B.	SPEGIFY)		11-2			hnts Com	E 3 1 2 COT T	0:4-	COUNT	Y	Mans	TATE

DHMH - 16 60M 7/84 (VRA 15, 4)

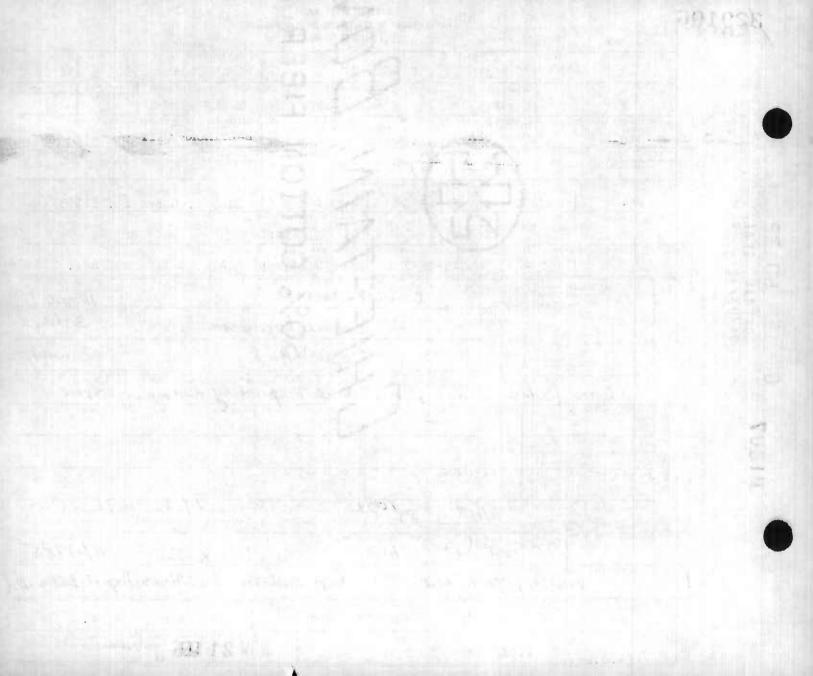
24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road 21212

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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329106	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLA EALTH AND N ICATE OF D	NENTAL HYG	IENE 8 5 3	0 5	3 0
m.s		CEASED NAME	FIRST		MIDDLE		AST	LAD.	20 DATE OF DEATH MONTH DA		2b. HOUR
deo de			MER	A			PMAN	000	NOVEMBER 15, 198		12:26 M
ge 4 mo	3 SEX	Male		4 RACE Black		S. DATE C	73/42°	YEAR	6 AGE (INYEARS LAST BIRTHDAY)	FUNDER I YEAR	HOURS MIN.
neral dim		RTHPLACE (STATE ORF COUNTRY) Virginia	OREIGN	76 CITIZEN OF US		MARRIE	D # NEVER M	ARRIED T	BALTIMORE CITY OR COUNTY OF BALTIMORE CITY	OF DEATH	MD.
by the fur	10 CI	TY OR TOWN OF DEA	ТН			URSING HOME O	OR OTHER INST	NOITUTI	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND C INDUSTRY	OF BUSINESS OR
ND 212		AL RESIDENCE (# NURS	136 COU		GIVE RESIDENCE		13d INSIDE CI	TY LIMITS?	13a STREET ADDRESS / ZIP CODE 2105 E. Chase	St. 21	213
MARYLA CON THE CONTROL OF CONTROL	14 FA	THER'S NAME FIRST George		MIDDLE Boff	man las	,T	15 MOTHER'S	MAIDEN NA	ME	LAS	
IMORE,		VAS DECEASED EVER VES. NO OR UNKNOWN) Yes		MED FORCES? VE WAR OF DATES! -67		SECURITY NO. 66-288 9	Mae W		s 1514 N. Colling	ton Av	e. 21213
T., BALT		18 CAUSE OF DEATH PART I. DEATH W		nly one cause per ED BY: TE CAUSE (a)	line for (o), (Cardio	ic an	est			onset and peath and date
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STATE OF MARYLAND

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR			CERTI	FICATE OF DEATH	REG. N	IO.		
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Fo	ma le	,	White	JULY		66	YRS.	THS DAYS	HOURS MIN.
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lla SI	ATE	136 COUNTY	13c. CITY OR T		134 INSIDE CITY LIMITS	13e STREET ADDRESS	/ ZIP CODE		
	ryland	Cecil	Elkto	n	YES NO	220 Sycs	more Ro	ad	21921
H FA1	HER'S NAME	MIDDLE	LAST.		15. MOTHER'S MAIDEN I	NAME		LAS	
1	Isaac		Leon	ard	Nita	MIDDLE		Coop	
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(AE	NO OR UNKNOWN)	(IF YES, GIVE WAR	225-03	-1826	Mrs Mary	E. Blake. Wo	odbrida	0 170	
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	underlying cause	1001	(c) 1 CCN	was	75			u	days.
	PART 2 OTHER SIGN	VIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	IDITION GIVEN	IN PART 10	0
CERTIFICATION									
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	AT WORK A! WO	RK -		10/3		- uto		-	
			tended the deceased fro	m 60	. 19	10 N/10	. 19_		that (we) lost
			v the body ofter deoth.	, 0	nd that in (my) (our) opini	on death occurred on the d	ote and hour on	d from the	couses stated
	226. SIGNATURE	1	1. 1		DEGREE			22c. DATE	
	CIPI	n N	les luch or	2.	ATTENDING PHYSICIAN			11/	(4)01
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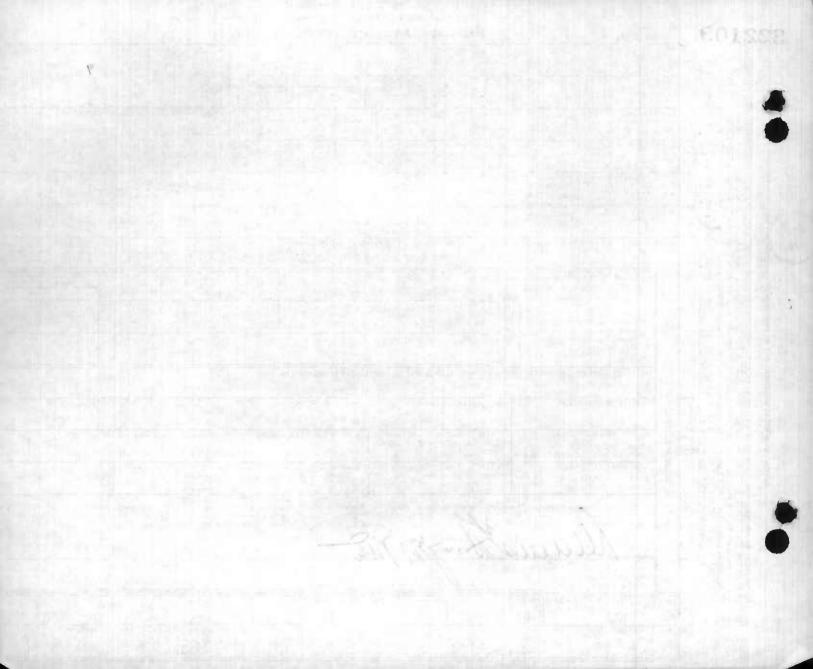
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32	2109		REGISTRAR		MEI	DICALE	XAMINER	'S CI	ERTIFIC	ATE OF	DEATH	REG. N	٧٥.		
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ALL	A CA	,,,	NO	MIN) (IN 155, C	IVE WAR OR DATES!	214	-64-31	25	MAE	HURT	TT 1329	PEN	TWOOD	RD.	21239
	URS AF B. GIV WITH DIVISI		18 CAUSE O	F DEATH (Enter	anly ane cause per line	for (a), (b),	and (c).)							APPROXIA	MATE INTERVAL
201 W. PRESTON ST	CHANGE TO THE COMMENT OF THE COMMENT		PARTIDE	ATH WAS CAU	SED BY: NATE CAUSE (a)	Mult	iple Sta	ab W	Jounds					BETWEEN	MASE! AIND DEATH
ots	SESKEN SESKEN			11120		AS A CON	SEQUENCE OF							777	
ec a	A A H			s, if any, whi											
₹	UTED WITH IN PENCIL EXAMINER IAL - TRAN O MENTAL ON, OR RE		cause (a)	stating the <u>und</u>		AS A CON	SEQUENCE OF								
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DIVISION OF VITAL RECORDS,			PART 2 OTHER SIG	NIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH I	UI NOI RELAI	ED 10 THE TERMINAL	DISEASE 1	DR CONDITION G	IVEN IN PART I	l la				
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I R	AL, CALL	CAT	190. DATE OF	OPERATION	19b. CONDIT	ION FOR V	VHICH OPERATIO	AW NC	SPERFORME	ED?				20 AUTOP	SY?
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OF	CERTIFICATE SPITING THE WORDED TO THE CORE 3 SHOULD BE EDEPARTMENT OF PRIOR TO BUT	CER	210 EXTERNA	L CAUSE WAS	21b. TIME OF HOUR A.M		DAY YEAR	It HO	W INJURY O	CCURRED	ENTER NATURE OF IN	JURY IN ITEM 1	8 PART 1 OR PART 2	2)	
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ō	S IN	~	WHILE AT WORK	AT WORK	X X	me		440	1 Cha	let Ct	t., Apt.				51776
_	. W & W .		220 I certif	y that taak ch	arge of the remains des	ribed abay	re, held an	Autapsy	XX,	Inspection [, Inquiry		and in my apin	ian	TATE
	EXAMINER: CERTIFICATI OULD BE FOR DIRECTOR: (, WITH THE: MARYLAND		death resulte	dram No	atural causes	Accident	Suicide		Hamicide	. XX	Undetermined mi				
	CERTIFICATION OF BE DIRECT WITH WARYLAND		/	1100.	1/2//	- 30	4-505	1	TITLE (SPE)	CIPC					
	SHOULD ATH.	O.L.	SIGNATURE	dell	WW X	Den	n Illi	JM.		stant	_MEDICAL EXAM	AINER	DATE SIGNED.	11-10	0-85
	NOR A SET OF		EXAMINER'S	LAAAE	T. Walland	11	, ,					- 1.		0.3	203
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE A SHOULD BE F TO FUNERAL DIRECTE AFTER DEATH, WITH THE BAUTIMORE, MARYLAI		(TYPE OR PRIN	IT) D	ennis F. Sm	yeh,	M.D.	A	DDRESS		enn St.,	Balt	0., Md	. 21.	201
	525549	(5	PEC(FY)	ION, REMOVA			AME OF CEMETE	RY OR	CREMATOR	Y	23d. LOCATION		COUNTY		STATE
07/84 25M	BP	В	URIAL		11-15-8	5 1	BALTIMO	RE			BALTIM	IORE			YLAND
SOW	DHMH = 17		DINERAL DIRECT		ADDRESS	1				DATE REC	D. BY REGISTRA	AR 250 REC	GISTRAR'S SIG	35	1 00
VILLE	(VR A15 ME (5))	W . (. MAR	CH F/I	H CO. 110)1 E.	NORTH	. AI	/E.	NOV	1 4 198	5	M + 1/44	en-Man	No. of Contract of



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	REGISTRAR		CEKTIFI	CALE OF DEATH	REG. N	0.		
1	1 DECEASED NAME FIRST	MIDDLE	LA	S1	20 DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
	Augus	sta	В	oyko	November	11,	1985	M
1	1 5EX	4 RACE	5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
	Female	White	May	6, 1896	89	YRS	INTHS DAYS	HOURS MIN.
1	THE BIRTHPLACE THE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY O	_		
2	Maryland	U.S.A.	WIDOWED	DIVORCED [nore Ci		MD.
)	Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 1206 Walters A	ve. (Re	esidence)	170 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF HOMEMAK	OF WORKING LIFE)	126 KIND O INDUSTRY	OF BUSINESS OR
2	I SUAL RESIDENCE (IF NURSING HOME OF 13a. STATE 13b COUR		VN I	130 INSIDE CITY LIMITS? YES XX NO [13e STREET ADDRESS	ZIP CODE	venue	21239
0	Makary	MIODLE Tyrpak		IS MOTHER'S MAIDEN NA	MIDDLE		Kac	zmarek
1	160 WAS DECEASED EVER IN U.S. AR		URITY NO.	17 INFORMANT	ADDRE	SS	=	
	(YES NO OR UNKNOWN) (IF YES, GIV	216-09-	8383	Marie B. K	urek 1206 '	Walters	Ave.	21239
1	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line far (o), (b) ar		0:07	- /	•	BETWEEN	MATE INTERVAL ONSET AND DEATH
	IMMEDIA	TE CAUSE (a) THE CAUSE (a) DUE TO, OR AS A CONSEOU	-	while I	A JANCES CO.	~		
	Conditions, if any, which	(1b) Atherse	hun	· CuliaV	Ascular De	Jen		
	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	JENCE OF					
		CONDITIONS CONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1	a
-	19a DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	NGS USED OF DEATH?
Ī	OR CONTRIBUTING TO CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR		RY IN ITEM 18 PART	TIORPART2)	
1	I IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19		W DESCRIPTION		11.	410 = =1
	LIF EITHER NOTIFY MEDICAL EXAMINE	21e PLACE OF INJURY LATHOME STREET, FACTORY OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220 I certify that (I) (they hosp saw the deceased alive on	attended the deceased fram.	a at	that in (my) (aur) apinian	death accurred an the de	19 ate and haur o		that (I) (ive) last causes stated
i	Th. SIGNATURE	The view site body other death.	D	EGREE ATTENDING	MEDICAL STA	FF	TIL DATE	SIGNED
-	THE PHYSICIAN'S NAME (TYPE O	ORPRING TO THE ORPRING		PHYSICIAN J	DIRECTOR PHYSIC	IAN []	11/1	2/00
	Dr. George				er Drive	Towson	, Mary	yland
	230 BURIAL, CREMATION, REMOVAL	23b. DATE 23c		METERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	(SPECIFY) Burial	Nov 14 1985 3t	. Mich	ael's Ukrain	nian Balt	imore		ryland
	24 FUNERAL DIRECTOR	, Inc. Baltimon		250 00	N 15 PREGISTRAR	25b. REGISTRA	R'S SIGNAT	URE
	Leonard J. Ruck	, inc. Baltimor	re, mai	ryland				

DHMH - 16 60M 7/84 (VRA 15, 4)

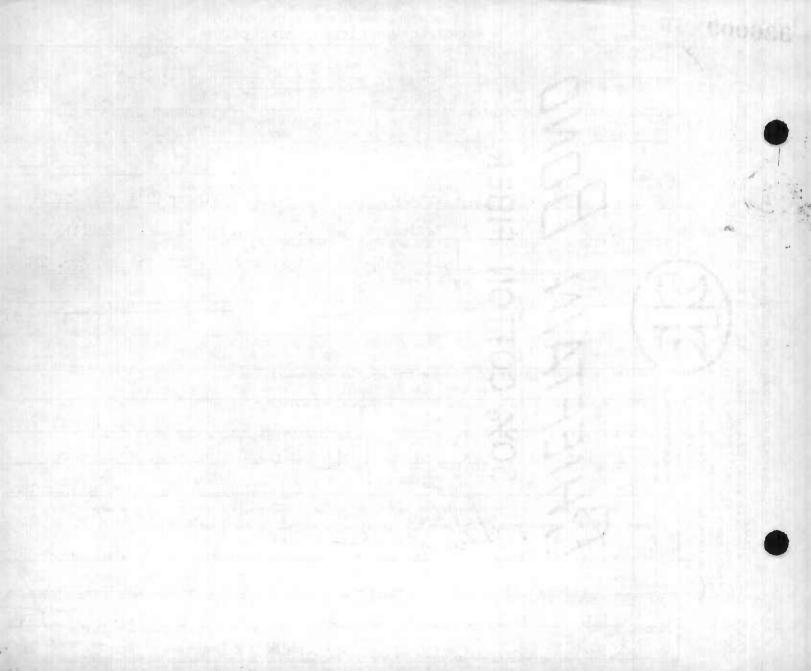
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court . no. Inc. million, ar land

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336009		REGISTRAR			MED	ICAL	EXAMIN	IER'S	CERTIFIC	CATE			REG. NO			- 1
10		CEASED NAME	FIRST			MIDDLE			LAST		2	a. DATE I	NOWN X	MONTH	DAY YEAR	26 HOUR
2 2 2 2 2 2 E	1111	E OR PRINT)	Mich	nael	F	dwar	- 7	Brai	tech	Sr.		OF	MATED _		26 1985	
ESSARY, PLEASE ERAL DIRECTOR. OR YOUR FILES. THIN 72 HOURS THE TON STREET.	3. SEX	4	RACE	S DATE	OF BIRTH	uwai	6 AGE (IN YE	ARS IF UN	IDER 1 YR.	IF UNDER	24 HRS. 2	c. DATE			DAY YEAR	2d HOUF
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要与饮多之		Marylan	£	U	S.A.			WIDOV		DIVOR				City,		MD
A HATEL	0 CI	TY OR TOWN O	F DEATH		ME OF HOSP OT IN SUCH FACE		RSING HOMI	E, OR OTH	IER INSTITU	TION	12a. USUA	AL OCCUP OST OF WORK	ATION (TYPE	OF WORK	OR INDUST	SINESS
358 EC	1	Baltimo	re	-			Washir	naton	Blvd			o Mec		E	OR INDUST	Honda
A SOLEN	13a S	L RESIDENCE (ME OR OTHER IN	STITUTION, GIVE			ION)	13d. INSIDE C					197	- <u></u>	
1 記憶がう		arvland	A.				ortown	Dk	YES T	NO [A Cod		11 Roa	d 212	25
12725	_	THER'S NAME	1 - 21.	210		DLC	OKTYII	TIX.	15 MOTHE			4 CCu	ar III.	11 1/00	.u 212.	2.5
W 55295121	1)	Edward		M AIDOLE			aitsch		F	IRST		MI	DOLE	Moo	miller	
8 888 BB	160 V	VAS DECEASED	EVER IN II S		CESS		CIAL SECURIT		C.		TO	rrain	ADDRESS	MOS	urrrer	
LLTIM AFTER H FOR IGES I ISION	(Y	ES, NO, OR UNKNOW	(IF YES, G	IVE WAR OR DA	TES)											
		NO				218	8-84-71	.54	[Gai]	. A.	Braits	sch 2	229 W	ilkens	Ave.	21223
: 5.8.3 -0)	18 CAUSE OF	DEATH (Enter		use per line f										APPROXIMATE BETWEEN ONSET	INTERVAL
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WITHIN 24 HOUSE HO	767		, if any, whi		(b)											
ON THE WAY	1	cause (a) s	tating the und	<	UE TO, OR A	SACON	SEQUENCE	OF								11 32 1
SAL SAL		lying cause	e last.		(-)											
AAL BALLECLE	-	PART 2 OTHER SIGN	HEICANT CONDITION	NS CONTRIBUTE	NG TO DEATH RE	T NOT RELA	TEN TO THE TERM	IINAI MICEAC	E OR CONDITION	N CIVEN IN B	DT 1					
FECORE D BE EVENDING MEDICASA E SALTHA CREMA	Z			CONTRIBUTE	NO TO OCKITE SO	I NOT NELA	THE TO THE TERM	IIIAL DIJEAJ	C UK CUMUITIUI	N GIVEN IN F	KI I I G					
DIVISION OF VITAL RECORDS, 201 W. PR. S. CERTIFICATE SHOULD BE EXECUTED WITH. RITING THE WORD "PENDING" IN PENCIL ROED TO THE CHIEF MEDICAL EXAMINE BE 3 SHOULD BE USED AS A BURIAL - IRAN EDEPARTMENT OF HEALTH AND MENTAL IOI PROR TO BURIAL, CREMATION, OR RE	CERTIFICATION	19a, DATE OF C	PERATION	I T	0 CONDITI	ONIFOR	WHICH OPER	ATIONIA	(AC DEDECOR	MED2						
HOULD RD "PE NHEF A USED OF HE RIAL, OF	Si .	IN. DATE OF	N ENATION		N. CONDIII	JINFOR	WINCH OF ER	ATION W	ASTERFOR	MED:				100	20 AUTOPSY?	
DIVISION OF VITAL RE CERTIFICATE SHOULD RITING THE WORD "PE ROED TO THE CHIEF NA E 3 SHOULD BE USED. E DEPARTMENT OF HEL	Ē	21a EXTERNAL	CALLET WAS		11 71115 05 1										YESXX	NO 🗌
O HE WED	5	UNDERLYING		1	HOUR A.M.	MONTH	DAY YEAR	21c H	OW INJURY	OCCURRI	DENTERNA	TURE OF INJU	IRY IN ITEM 18 P	ART 1 OR PART 2	1	
SECOPES S	MEDICAL	CONTRIBUTIN	G CAUSE C		:23xx		-26 1985			in au	to/mu	ltipl	e veh	icle i	impact	
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DIV THIS CI E, WRIT E, WRIT E, PAGE 3 STATE D	>	WHILE AT WORK	AT WORK	XX		reet				St. &			_		re,Mar	
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L EXAMINER: E CERTIFICATE DUILD BE FOR! H, WITH THE S MARYLAND.	1		than taak che			/			_	Inspection		Inquiry		d in my apini	an	
WE WE WE WE		death resulted	romi No	stural causes	A	ccident	XX Su	icide	, Hamic		Undeter	mined mai	nner,			
X S S S S S S S S S S S S S S S S S S S		ACTUAL /	VAIN	. 010 6	17/	211	7/1 X	1/2	TITLE (S		1000			DATE	33 06	0.5
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TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD E TO FUNERAL DIRE. A FTER DEATH WITH BALLTMORE, MARY		(TYPE OR PRIN	ı) <u>Der</u>		. Smyt				ADDRESS_				saito.	, Ma.	21201	
DA PETER	23a.Bl	JRIAL, CREMATI	ON, REMOVA	L 236 DATE	7.9	23c. 1	NAME OF CE	METERY C	RCREMATO	ORY	23d. LOC	ATION		COUNTY	ST	ATE
07/84 BP		Buria		11/	29/85	M	Marylan	nd Na	tiona]		Lau]	P.G.	Mary	land
25M DHMH - 17	24 FL	JNERAL DIRECT	OR		ADDRESS		2	1229		25a. DATE	REC'D. BY R	REGISTRAF		STRAR'S SIG		100
(VR A15 ME (5))	Н	ubbard 1	Funeral	Home		410			Ave.	HOA	271	985	100	no encion on	Alexonery in	1



317129	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAI EALTH AND M ICATE OF DI	MENTAL HYG	IENE B S	o.	0 5	8 /
noy be	DEC (TYPE	CRASED NAME FIRST	Henry	BRA	NDT OF BIRTH	Jr.	20. DATE OF DEATH	MONTH DA	TUNDER I YEAR IF	HOUR P
oge 4 m rector. F	N	ALE	CAUCAS IAI	V MONTH		YEAR 14	71	YRS	ONTHS DATS HO	OURS MIN.
neral di in 72 ho	W. PT C	RTHPLACE (STATE OR FOREIGN PYLAND	75 CITIZEN OF WHAT COUNTS USA	MARRIEI WIDOWE		ARRIED	9. BALTIMORE CITY C		MOV &	CityMp.
by the fu	- (Baltimore				1	Boilermal	ON HE WORKING LIFE) KET	IZE KIND OF BI	
through be	13a. S		VIY 134 CITY OR TO	OWN		NO 🗌	130 STREET ADDRESS	ZIP CODE	Balto .	Md 212
mpletel	14 FA	John He	mry Brand	t,Sr.	15. MOTHER'S	Tizabe			Raun	
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g physicic anpoperi event, the		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b) ID BY: TE CAUSE (o)	and its per	ساله	~~	7 ans	+	APPROXIMAT TWEEN ONSE	E INTERVAL ET AND DEATH
to the deoth control of the ottending size remove cortending, cremotion, or other traumotic		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECUTION OF A CONS		<u> </u>					
equires the signed Then plect to buriol	TION		CONDITIONS CONTRIBUTING		1				1000	
The low regard.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO			YES NO	IN CERTIFYI	had.	
PHYSICIAN: The ending physicic this certificate the burial-transit of Aental Hygie dor fem 18 she	MEDICAL CE	210 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M.	DAY YEAR			RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T (OR PART 2)	
NG PHY ofter this os the bu	MED	ZIN INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AI HOME STREET, FACTORY OFFI	CE, FARM, ETC)	211 LOCATIO	N	CITY OR TO	WN	COUNTY	STATE
Spitol or CTOR. A for use of Heal		saw the deceased alive on	ital) ittended he deceased fro	00	id that in (my) ((aur) apinian	death accurred an the de	ate and have d	9, that and from the cau	
by the har by the electoched State Dept and the manner.		27b. SIGNATUR	1-09	1	Р	TTENDING HYSICIAN [MEDICAL STA	FF JIAN 🖫	22c. DATE SIG	NED
TO HOSPITAL retained by the Should be det with the State IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE OF	- OLIVENCIA,	MD	Sout		Itimore 6	enero	11 1103	spital
BP		URIAL, CREMATION, REMOVAL BURIAL	23b. DATE 11/8/1985		Cross	Cemt				
DHMH - 16 60M 7/B4 (VRA 15, 4)		Cully Funera	Balto. 1 Home, 130 H	Maryla .Fort	and Ave.2		E REC'D. BY REGISTRAR 10V 08 1985		ar's SIGNATURE	n.

death Page 4 may be three all director, page 3 thin 72 hours after death advance.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REC	SISTRAR				CERTII	FICALE OF DE	AIR		REG. NO	٥.				
	ED NAME	FIRST	M	IDDLE		LAST		20 DATE OF D		MONTH	DAY	YEAR	26 HOU	R 30
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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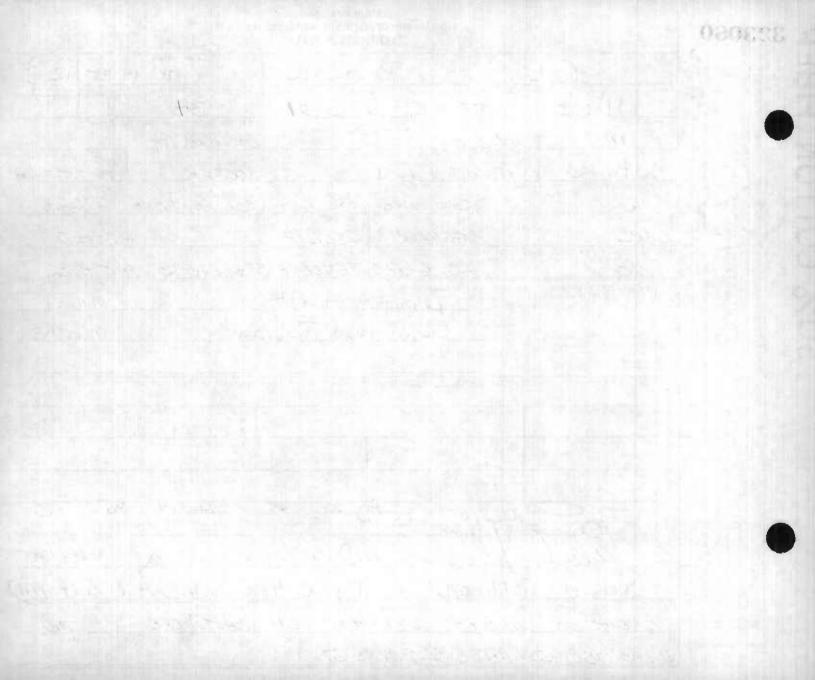
IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the medi TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

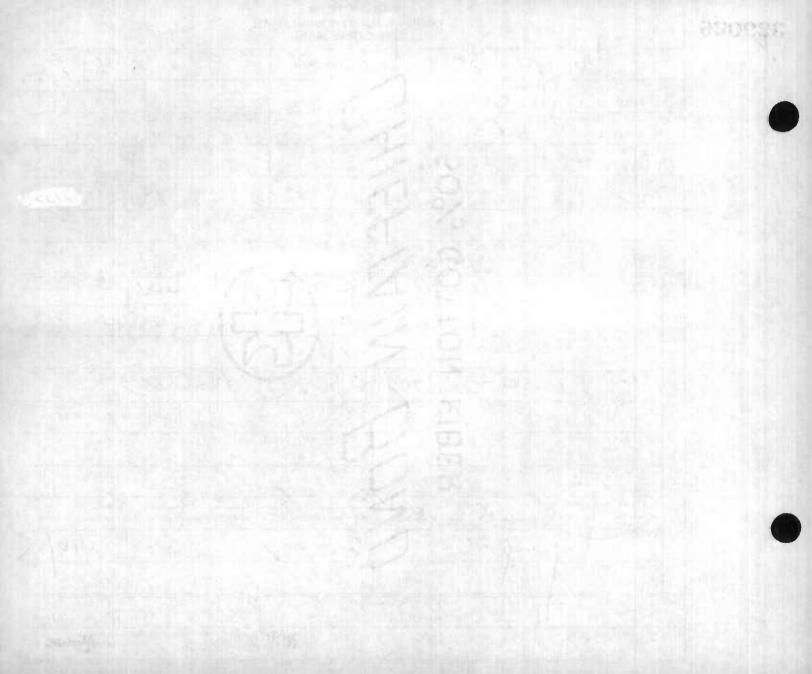
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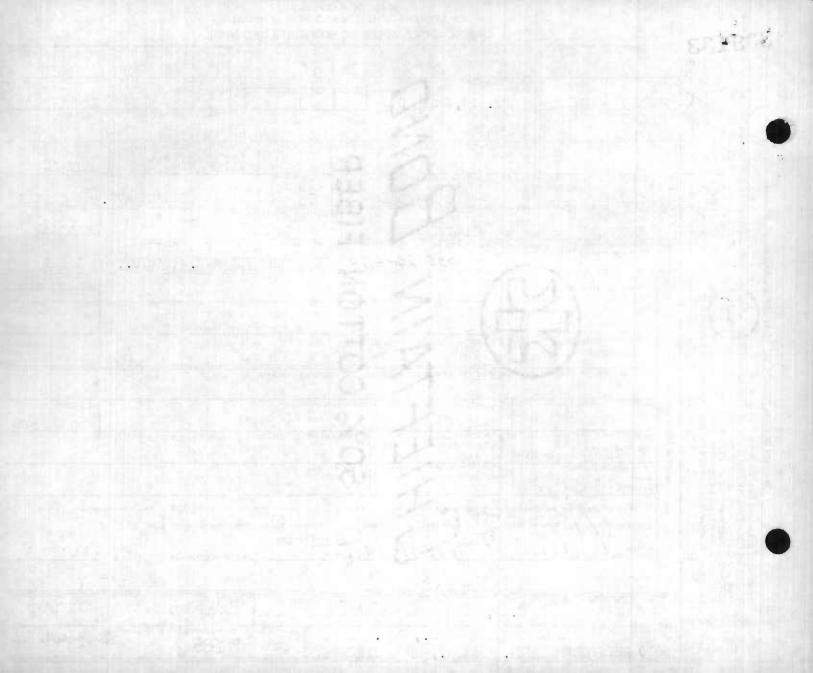
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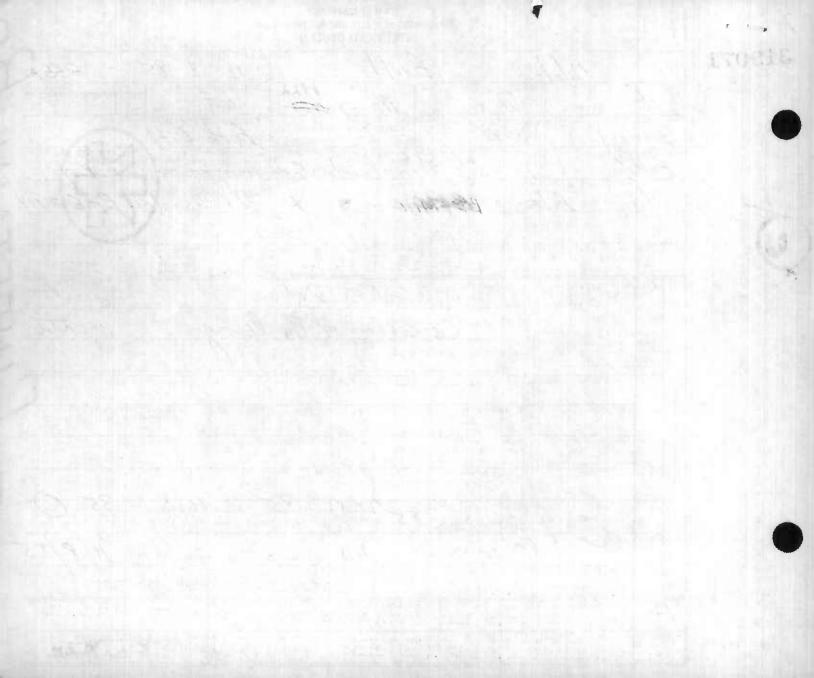


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN X LTYPE OR PRINTI OF ESTI-S NECESSARY, PLEASE FLUNERAL DIRECTOR. E. 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET, Anthony DEATH MATED Llovd Bright 2119 85 4 RACE 5 DATE OF BIRTH IF LINDER 24 HRS 2d HOUR DATE 12:20 LAST BIRTHDAY) PRONOUNCED 12/27/55 29 YRS DEAD Male Black 21 19 85 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYL Baltimore City, 2, AND 3 TO THE FUN 3. RETAIN PAGE 5 K 2 SHOULD BE FILED, WI AL RECORDS, 201 W. P North Carolina US of A. WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 905 E. Preston Street Pharmacist Baltimore Health Ctr. USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 13r CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS East Preston St. 21202 13b COUNTY Baltimore YES X 905 Md. NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME T. PAGES 1 AND 2 DIVISION OF VITA MIDDLE MIDDLE Bright Sherard Leodis Margaret GIVE PAGES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO ADDRESS IYES, NO. OR UNKNOWN) I LIF YES, GIVE WAR OR DATES! 237-90-9577 Mr. Charles Cox 2606 Oswego Ave. No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) A BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. ALONG Multiple stab wounds IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED AS E DEPARTMENT OF HE 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES X NO T 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 FORWARDED TO THE HOUR A.M. MONTH DAY YEAR UNDERLYING KOR NG. 2119 85 CONTRIBUTING CAUSE OF DEATH ? P.M. 11 Subject stabbed 21e PLACE OF INJURY LATHOME. 211 LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PACE 4 SHOULD BE PORWARDED TO FUNERAL DIRECTOR: PACE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY FARM STC WHILE AT WORK 905 E. Preston St. home Baltimore City, MD 224. I certify that I took charge of the remains described about Inspection Inquiry ond in my opinion Homicide X Undetermined manner death resulted from: Accident TITLE (SPECIFY) ACTUAL An Acting Chiefpical EXAMINER 11/22/85 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Goldsboro, Wayne., 11/26/85 Ellwood Cemetery Burial 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR [25b, REGISTRAR'S SIGNATURE **DHMH - 17** 4517 Park Heights Ave. NOV Lewis T. Gwynn (VR A15 ME (5))

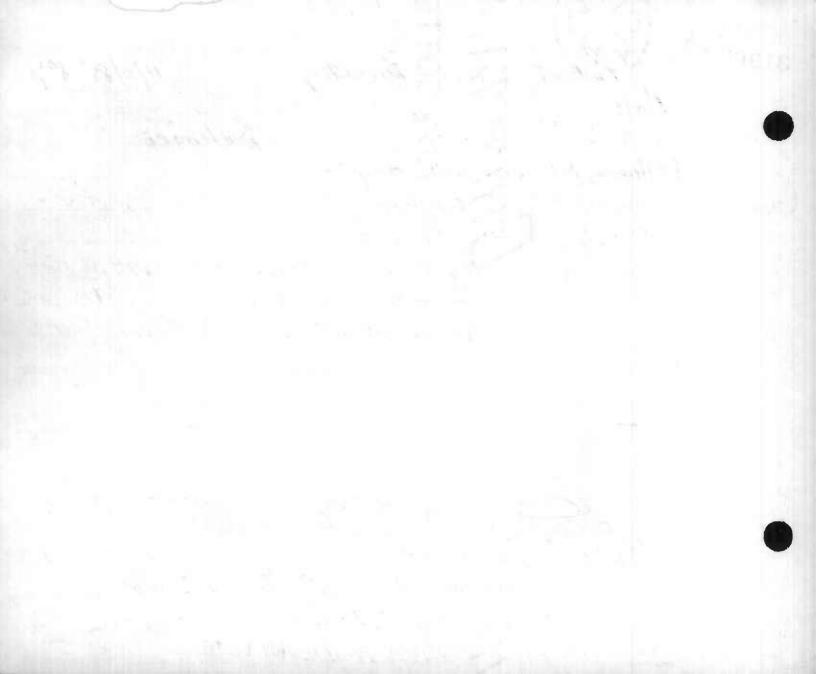
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STATE OF MARYLAND



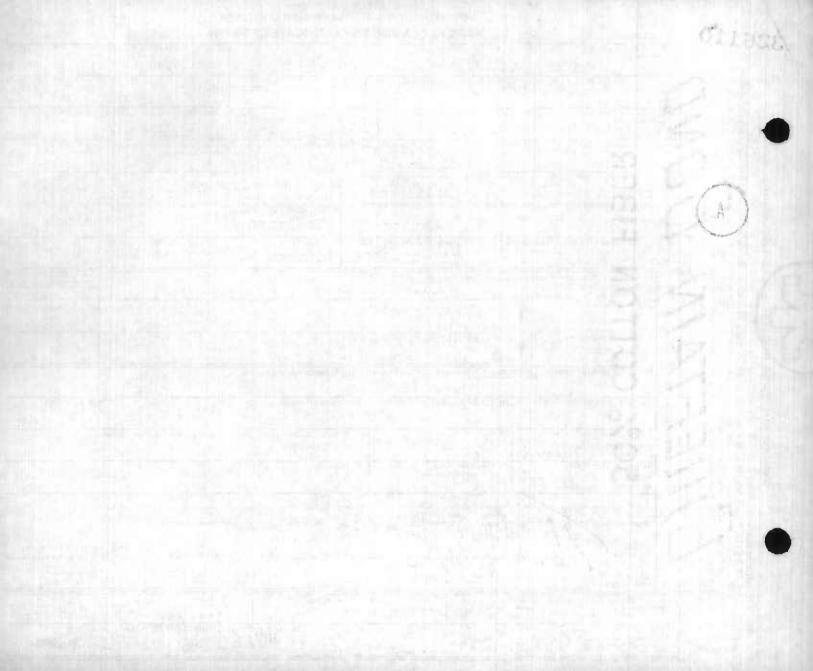
				STATE OF MARYLAND	0 2	60393
	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	
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R ATT hospire RECT(RECT) hed for the fept. of them 21 them 21		22b SIGNATURE	view the body ofter death.	DEGREE		226. DATE SIGNED
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MD. 2,1201	AND 3 TRAND 3	13a S	AL RESIDENCE (IF IN NUR	ISING HOME OR OTHER			SION	13d. INSIDE CITY LIMITS? YES NO	13e STREET A	1	+	312	13
	JRS AFTER DEATH. IF ANY DELAY IS IN B. GIVE PAGES 1, 2° AND 3 TO THE FINANTH FORM PM. 3. RETAIN PAGE 5. T. PAGES 1 AND 2 SHOUID BE FILED, DIVISION OF WIAL RECORDS, 201 M.		ATHER'S NAME FIRST LACI	MIDDE	BROC	LAST		15 MOTHER'S MAID	SEN NAME ,	MIDDLE	Se th	eq	
BALTIMORE,	HOURS AFTER DE IM 18. GIVE PAGES NG WITH FORM ISMIT. PAGES I ENE, DIVISION OF AL.	16a. V	VAS DECEASED EVER es, no., or unknown)	IN U.S. ARMED FO	PATES?	216-66-	2929	Lacy L	Brock	2614	SS VE, FO	edera	:154
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	O WITHIN 24 HON PENCIL IN ITEM 1 MINER ALONG - TRANSIT PERMI ENTAL HYGIENE, OR REMOVAL.		18 CAUSE OF DEATH PART I DEATH W. Conditions, if a gave rise to couse (a) stating lying cause last.	AS CAUSED BY: IMMEDIATE CAU ny, which immediate	SE (o) DUE TO, OR A	or (a), (b), and (c).) Fatty liv IS A CONSEQUENCE S A CONSEQUENCE	E OF					APPROXIMA BETWEEN ONS	
CORDS,	D BE EXECUTEI ENDING" IN I MEDICAL EXA AS A BURIAL SALTH AND MI CREMATION,	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	ITING TO DEATH DU	IT NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION GIVEN IN P	ART 1 (g).				
/ITAL RE	VORD "PEI VORD "PEI VORD "PEI BE USED A NT OF HEA	CERTIFICATION	19a DATE OF OPERA	TION	196. CONDITIO	ON FOR WHICH OP	ERATION WA	AS PERFORMED?			-2.3	20 AUTOPSY	Y? NO □
ONOF	THE VOULD OUT AT THE VO		210 EXTERNAL CAUS UNDERLYING CONTRIBUTING C	OR AUSE OF DEATH	21b. TIME OF II HOUR A.M. P.M.	NJURY MONTH DAY YE, 19	AR 21c HC	W INJURY OCCURR	ED LENTER NATUR	E OF INJURY IN ITEM	18 PART 1 OR PAR	T 2)	
DIVISI	JER: THIS CERTI CATE, WRITING FORWARDED 1 OR: PAGE 3 SH HE STATE DEPA (ND, 21201 PRICE	MEDICAL	21d. INJURY OCCURR WHILE NOT V AT WORK AT W	WHILE	21e PLACE OF	FINJURY (ATHOME, RY, FARM, ETC.)	211 LOC	ATION	СПА	OR TOWN	COU	INTY	STATE
•	AL EXAMIN HE CERTIFIC HOULD BE AL DIRECT TH, WITH I		ACTUAL SIGNATURE	Acquired cons	[C Del	ibed above, held un	Autops:	Homicide Hotel (SPECIFY) Acting Ch	Undetermin	ed manner	and in my ap DATE SIGNE		5/85
	MEDIC ECUTE T GE 4 SF FUNER TER DEA	-	EXAMINER'S NAME (TYPE OR PRINT)	Thom	as D. S	Smith, M.D)	DDRESS 111	Penn St	. Balt	o.MD.		
07/84	BP———AFI	(5	Buna	MOVAL 236. DAT	E 22-85	- 23c NAME OF C	u bu	in Cem.	23d. LOCATI	2/10.	COUN	DOY.	STATE
25M	DHMH - 17 (VR A15 ME (5))	24 FI	JNERAL DIRECTOR	B.Ser	ugg.	5 14/1 g	25%	250. DATE	REC'D. BY REG	STRAR 255 RE	GISTRAR'S SI	GNATURE	- 1



										ARYLAN					- 9	13			
/	1-	FOR STATE						NENT OF					3		Ú	U		3)
326110		REGISTRAR	FIRST		M	MID		XAMIN	ER'S C	ERTIFIC	CATEC)F DEA			, NO.			3, 1	
		CEASED NAME E OR PRINT)	FIRST			MID	OLE			LAST			OF	E 3 1 -	Y X M	D HTMC	DAY Y	rear .	26 HOUR
PLEASE ECTOR. FILES. HOURS			Carrie			Car	and the			Brooks				MATED			1619		N
STATE	J. SEX		4. RACE	MON		Α.	YEAR	AGE (IN YE	RS IF UN		IF UNDER	24 HRS.	2c. DATE		MC	NTH C	DAY		2d HOUR 4:51
P 22 OUR		F	В	1			15	7 Oys	S.				DEAD				16 19	<u>85. I</u>	W
NECESSARY UNFRAL DIS 5 FOR YOU WITHIN 72		RTHPLACE (ST	ATE OR	7b. C	ITIZEN OF		COUNT	RY?	8 MARR	ED NE	VER MARR	IED 🗌	9. BALTIN	ORE CIT	TY OR CO	DUNTY	OF DEAT	TH	
S NECESSARY, PLEASE FEUNERAL DIRECTOR. ED. WITHIN 72 HOURS W. PRESTON STREET,		irgini			U.S				WIDOW		DIVORC				re C				MD
DELAY IS NI 3 TO THE FU IN PAGE 5 D BE FILED, V RDS, 201 W.	10. CI	TY OR TOWN	OF DEATH		F NOT IN SUCH			SING HOME	, OR OTH	ER INSTITU	TION		MOST OF WOR			VORK 12b	ORINE	OF BUS	INESS
DELA 3 TO T IN PA RDS, 2		altimor	-					eneral		pital		I D. A			(3) W			-	
3 P		L RESIDENCE			R INSTITUTION					13d. INSIDE C	ITY LIMITS?	13e STR	EET ADDRE	ESS				w	m.
25 美国克斯	Ma	ryland	d			I	Bal	timor	е	YES 🏝	NO 🗌	56	8 Bal	ker	Str	eet	21	217	
& INMAZ	14 FA	THER'S NAME		MIDD) LF		1	AST			R'S MAIDE			NIDDLE		-	MASE		
3 632/80	W	illiam		1411000				aton		Inc	diani	na				R	Ralhey		
BALTIMORE, MD. 2120) S. AFIER DES GIVE PAGE THE PROPERTY PAGE IVISION		VAS DECEASED		ARMED F				AL SECURIT		17 INFORA				ADDR				0.1	-
BALTIA S. AFIE GIVE IITH FO PAGES IVISION	n		(114)	OIVE WAR OR	DATES	2	20-	22-5	315	Lin	poor	W.	Broo	ks	568	Bak	ter	St	•
		18 CAUSE O	F DEATH (Ente	r anly ane	cause per l	ine far (a), (b),	and (c).)									APPRO	XIMATE I	NTERVAL AND DEATH
		PARTIDE	ATH WAS CAL	JSED BY:					ve ca	ardiov	ascu.	lar d	liseas	se			BEIWEEN	UNSEL	AND DEATH
STON SI V 24 HO N ITEM I ALONG IT PERM YGIENE IOVAL.		100	IMMEDIATE CAUSE (a) Hypertensive cardiovascular disease Oue to, or as a consequence of																
W. PRESTO WITHIN 24 ENCIL IN IT MINER ALC TRANSIT P NTAL HYG			s, if any, wh		(b)														
201 W. PRI UTED WITH IN PENCIL EXAMINER EXAMINER IAL - TRANI D MENTAL I		cause (a)	gave rise to immediate (b). Oue TO, OR AS A CONSEQUENCE OF lying cause last.																
HTAL RECORDS, 201 V SHOULD BE EXECUTED RD. "ENDING" IN PI CHIE" MEDICAL EL USED AS A BURIAL- I OF HEALTH AND ME URIAL, CREMATION, ()		lying cau	se last.	(c)															
S CERTIFICATE SHOULD BE EXECT RITING THE WORD. "ENDING." RED TO THE CHIEF MEDICAL RED TO THE CHIEF MEDICAL RED THOULD BE USED AS A BUR E DEPARTMENT OF HEALTH AND OF PRIOR TO BURAL, CREMATIC		PART 2 OTHER SIG	INIFICANT CONDITI	IONS CONTRI	1-7	AIN BUI N	OT RELAT	EO TO THE TERM	INAL DISEAS	OR CONDITIO	N GIVEN IN PA	RT 1 rat.							
TECORDS D BE EXECTENDING: MEDICAL AS A BUI CREMATH AN	N																		
ALINE ALINE	CERTIFICATION	19a. DATE OF	OPERATION		196. CON	DITION	FOR W	HICH OPER	ATION W	AS PERFOR	MED?	0					20 AUTC	OPSY?	
F VITAL RESPONDE WORD "PE CHIEF A DE USED OF HEL	I H	1.56															YES		NO
CERTIFICATE SHATING THE WORN DED TO THE CONTROL OF THE CONTROL OF SHOULD BE CONTROL OF THE CONTR	SH SH		L CAUSE WAS	5	216. TIME	OF INJ	URY	DAY YEAR	21c H	OW INJURY	OCCURRE	D (ENTER	NATURE OF IN	JURY IN ITE	M 18 PART I	OR PART 2)			
S THE SOUTH OF THE STANDARD THE	A	UNDERLYING	OR CAUSE	OF DEATH		2.M.	אואכ	19											
VISIO TING ED TG 3 SHC PRIC	MEDICAL	214 INTURY C	CCLIPPED		21e PLAC	E OF IN		(AT HOME,		CATION					4123	75.5			
DIN THIS C WRIT WARDI VARDI VARDI VARDI IATE D	Z	WHILE AT WORK	NOT WHILE		STREET, F	ACTORY,	PARM, ETC)		IREET			CITY OR TO	WN		COUNTY	'		STATE
DIVIS DIVIS THIS CER. TORIL WRITIN FORWARDED OR: PAGE 3 S. HE STATE DEP ND, 21201 PR							1 1	1 11						T			-		
AN A S S A S A S A S A S A S A S A S A S	1		y that I look of		100		2200	T/T	Autap	,	Inspectio		Inquiry	<u></u> _	and in	ту аріпіс	nt		
AM REC		death resulte	17/7	latural cou	77	1	dent	1	ide 🔲	, Hamic		Under	termined mi	anner L					
A A STATE OF THE S		ACTUAL	11	1 an A	711)	U,	6	X		Actin	PECIFY)	of			0	DATE SIGNED_	11/	17/	25
ZHY ZHY	1	SIGNATURES	10	LUVI	N	10	W.X	1		MC CII.	ig CIII	FCTWED	ICAL EXAM	AINER	S	IGNED_	11/	1//	00
TO MEDICAL EXAMINER: THIS EXECUTE THE CRETIFICATE. WR PACE 4 SHOULD BE FORWAR TO FUNRRAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120		EXAMINER'S	NAME		Thoma	s D	. Sn	nith,	M.D.	ADDRESS		111	Penn	St.	Ba:	lto.N	MD.		
PAGE EXE		URIAL, CREMAT		AL 23b DA	TE		23c. N	AME OF CE			ORY	236 10	CATION						
07/B4 BP	Ë	URIAL		11	L-20-	-85		EDAR					ortown altin	200		COUNTY	Man	rv1	and
25M		UNERAL DIREC						0.01				REC'D. BY	Y REGISTRA	AR 256 R	REGISTRA		NATURE		
DHMH - 17 (VR A15 ME (5))	W	"C". MAR	CH F/	H Co	• 1	101	E.	Nor	-h x		NE	3V 2	0 198	5	, ,	Aur Adden	~- Ab	ndeli	2
									H	VE							_		



205425	1	FOR STATE REGISTRAR		STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	0 5 9 6
3K3 IKOK		CEASED NAME FIRST	MIDDLE	(ASI	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be			Mes E	Brooks	11	4 85 907 AM
a bo	3 SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
ge 4	1	Mare	BLACK	2 26 1850	0/ 35 yrs	MONTHS DATS HOURS MIN
2 83 871	Ta B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	9 BALTIMORE CITY OR COUNTY	OF DEATH
1 1520	1	COUNTRY)	1, 115	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMONE G	AD MD
1 1	11/0	ITY OR TOWN OF DEATH	NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
1 13 6	1	RNTING	(IF NOT IN SUCH FACILITY, GI		(TYPE OF WORK FOR MOST OF WORKING LIF	(E) INDUSTRY
	475U		OTHER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION)	LAbonen	
84	134	STATE	113c. CITY C			
1 同期115二十	114 E	ATHER'S NAME	0	YES NO	18500 AULASCOR	D 20613
1 199 Mai	17	FIRST		AST FIRST	WIDDIE	D_ LAST_
12/14/14	144	WAS DECEASED EVER IN U.S. A		AL SECURITY NO. 17 INFORMANT	ADDRESS 2	BROOKS
1-78 47		YES, NO OR UNKNOWN) TIF YES, C	GIVE WAR OR DATES)			
1 15 5	-	YES	- 5/1	647147 Brothen	KICHAND SA	the
1 1111	17	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for iol.			BETWEEN ONSET AND DEATH
1 6 0000	Y		ATE CAUSE 10) Sep-	TIL Shock		IDAY
th confin		0.0	DUE TO, OR AS A COM	NSEQUENCE OF		
deot otter		Conditions, if any, which	(1b) PL	PUMONIA		2 DAYS
the remember the removement		gove rise to immediate couse (0), stating the	DUE TO, OR AS A CON	NSEQUENCE OF		
thot thot d by eose ol. c		underlying couse lost	1 cen	VICAL SPINE	FVACTURE	10 PAYS
signed signed hen plury, o	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	NG TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIV	EN IN PART To
low requisite by the second of	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR	WHICH OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
n. nas t	E S	10/1/45	SPINE		IN CERTIF	YING CAUSES OF DEATH?
sicro	ER	210 ACCIDENT WAS UNDERLYING				S NO
physicol from of Hy		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MON	TH DAY YEAR Passenger	JRRED (ENTER NATURE OF INJURY IN ITEM IB P	f impact
ING PHYSICIAN: offending physics that this certificat of the burd-trans thand Mental Hya orked or them 18	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	21e PLACE OF INJURY	LO TAN	Vehicle Ac	-ciocul
PH) tend the b nd A or	ME	WHILE O NOT WHILE O	LAT HOME STREET, FACTORY		Rd/AquascoRd, Princ	COUNTY CO MAT
After of the nork	1	AT WORK AT WORK	roadway			
Hed Is		220-1 certify that (I) (this has				19
ATTI Sport d for d for n 21	1		not view the body after death		I I WIN II.	ond from the couses stated
Dep Dep	42	226 SIGNATURE	en 1	DEG EE THENDING	PRECION PHYSICIAN IV	22c. DATE SIGNED
TAL OR by the hor RAL DIRE detached forte Depi		David	Kinly MD	DERTIPHOSICIAN'	DIRECTOR PHYSICIAN	11/4/85
HOSPI med b FUNE FUNE Wild be No RTAN		224 PHYSICIAN'S NAME (TYPE	OR PRINT	22e ADDRESS ACC	IDEM	
		DAVID MCKI	NLEY	MIEMMS		
5 = 5 = 3		BURIAL, CREMATION, REMOVA		236 NAME OF CEMETERY OR CREMATORY	Y 23d LOCATION	
BP		BURIAL	8 Nov 85	MD. VETERAN'S CE	M. CHELTEN HAM.	P.G. MD.
DHMH = 16 60M 7/84	24 F	JNERAL DIRECTOR	6	IDRESS	ATE REC'D. BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
(VRA 15, 4)	1/	48 lell adam	s, aqua	ca Md 20608	NUV 15 1985	المعادية المساولة

331123

- STATE

TYPE OR PRINTS

3. SEX

13a. STATE

14 FATHER'S NAME

YES

LYES NO OR UNKNOWNS

MD

CERTIFICATION

MEDICAL

(SPECIEVI

BURIAL

REGISTRAR

MARTIN

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

MIDDLE

HE YES GIVE WAR OR DATEST

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),

136 COUNTY

I. DECEASED NAME

MALE

TO BIRTHPLACE ISTATE OR FOREIGN

BALTIMORE

BALTIMORE

WILLIAM

Canditions, if any, which gave rise to immediate couse (a), stoting

underlying couse last

NOT WHILE

160 WAS DECEASED EVER IN U.S. ARMED FORCES

PART I. DEATH WAS CAUSED BY

ID CITY OR TOWN OF DEATH

STATE C	FMARYLA	NI
DEPARTMENT OF HEA	LTH AND N	AE

MIDDLE

BLACK

Th CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)

13c. CITY OR TOWN

USA

NTAL HYGIENE CERTIFICATE OF DEATH

3/2/33

YES IX

LAST

BROOKS

5. DATE OF BIRTH

MONTH

WIDOWED

VAMC, BALTIMORE MARYLAND 21218

BALTIMORE

BROOKS

166 SOCIAL SECURITY NO.

215 28 8121

REG. NO

2a DATE OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY)

BALTIMORE CITY OR COUNTY OF DEATH 17h KIND OF BUSINESS OR

2b HOUR

HOURS

JUBILEE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

6:41P M

IF UNDER 24 HRS

MARRIED NEVER MARRIED DIVORCED | BALTIMORE, CITY 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION

YEAR

13d INSIDE CITY LIMITS?

TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY UNEMPLOYED

MONTH

13e STREET ADDRESS / ZIP CODE 1506 W. FAYETTE 15 MOTHER'S MAIDEN NAME

MIDDLE MARY 17 INFORMANT

ADDRESS VERTINA BROOKS 609 GEORGE STREET

IF UNDER 1 YEAR

Pulmonary Congestion-Edema IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Congestive heart failure

DUE TO, OR AS A CONSEQUENCE OF Cardio vascular Disease

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 8 NOF YES K NO I 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 218 PLACE OF INJURY AT HOME STREET FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

MEDICAL

STATE

COUNTY

220.1 certify that the (this hospital) attended the deceased from_____ sow the deceased alive an 11/19 85 , and that in (🌠) (aur) apinian death accurred on the date and havi and from the causes stated above, xh (we) (did: xxxxx) view the bady after death 226. SIGNATURE DEGREE 22c DATE SIGNED

22d PHYSICIAN'S NAME

22e ADDRESS

ATTENDING

PHYSICIAN |

3900 LOCH RAVEN BLVD. BALTIMORE MD.

DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL 23b. DATE

/25/85

23c NAME OF CEMETERY OR CREMATORY GARRISON FOREST

23d LOCATION CITY OR TOWN COUNTY OWINGS MILLS

MD

STATE

24 FUNERAL DIRECTOR WM. C. MARCH F/H 1101 E. NORTH AVE 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 2 LANG - PORCE

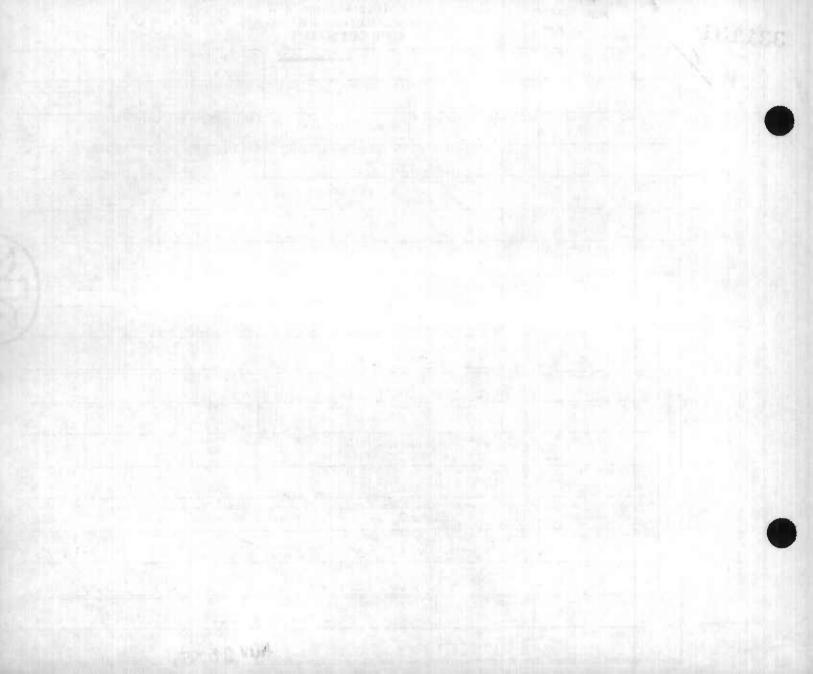
CITY OR TOWN

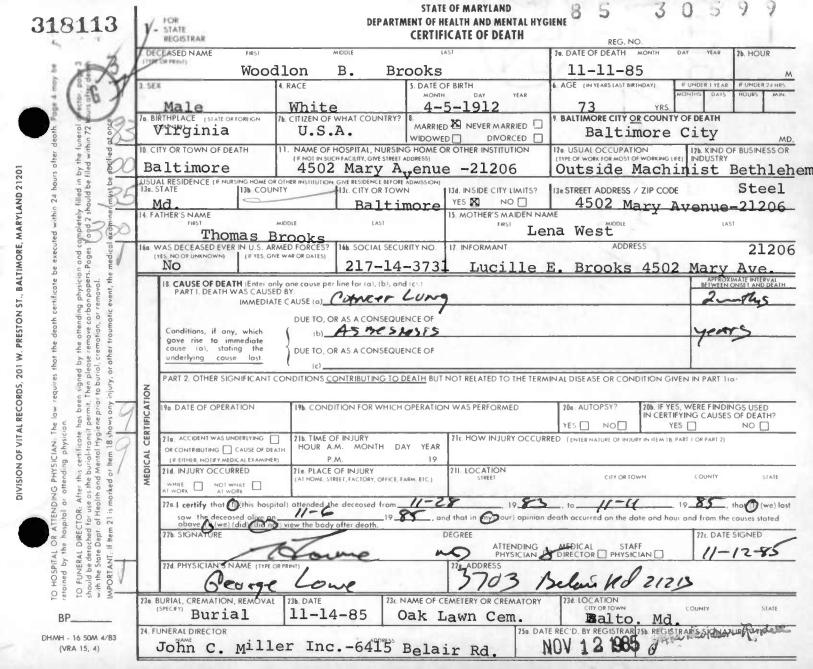
STAFF

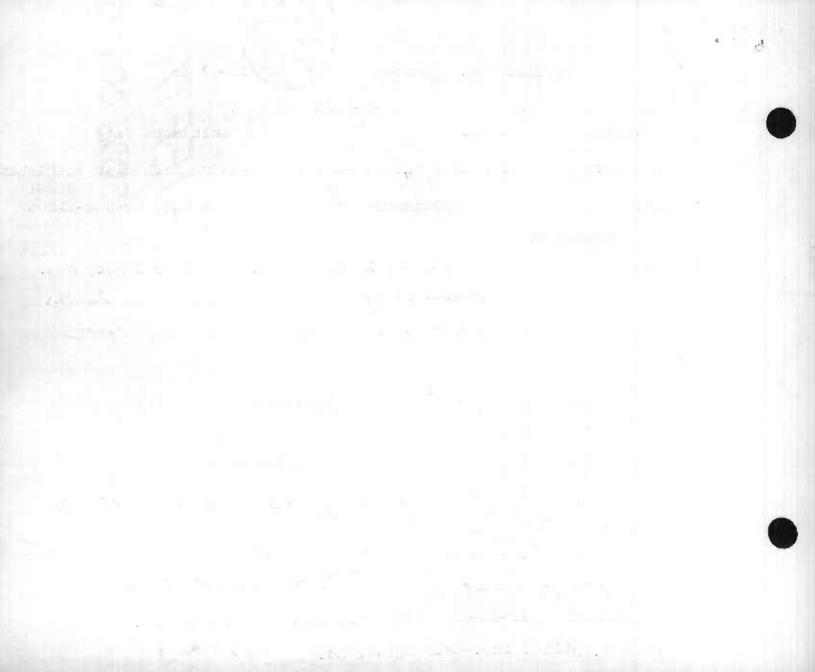
DHMH - 16 60M 7/84

BP

(VRA 15, 4)







STATE OF MARYLAND

131818 Marie Marie Company of the Company o

executed within 24 haurs ofte

the death

OR ATTENDING PHYSICIAN: The low

retained by the haspital

injury, ar ather traumatic event, th ne prior to buriol, crematian, or remaval

FOR - STATE REGISTRAR

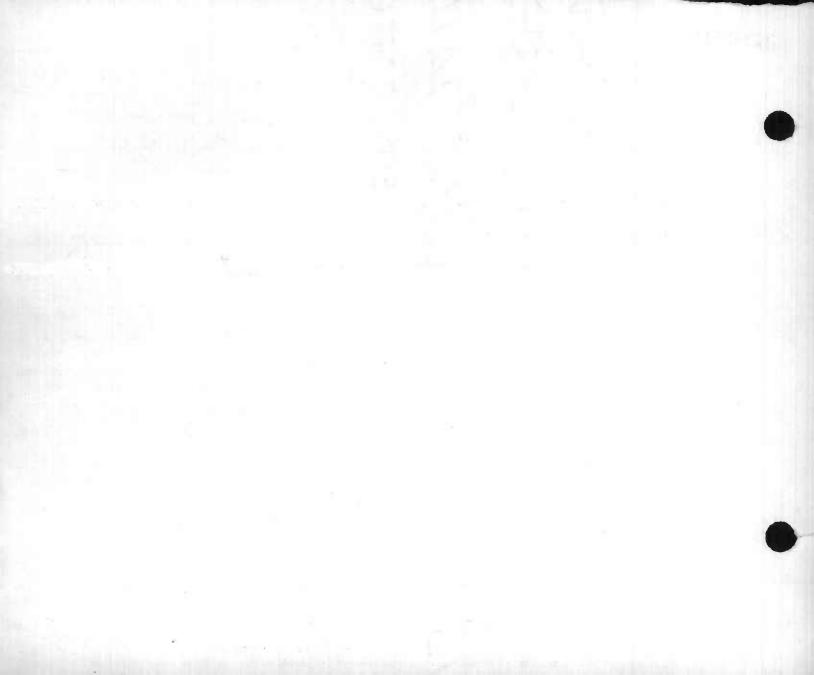
STATE OF MARYLAND

STATE OF MAKILAND								
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E							
CERTIFICATE OF DEATH								

J		REGISTRAR			CEKITI	ICATE OF DEATE	1	REG. NO.			
1		EASED NAME FIRST	MIDO) I	L	AST	1 2	O DATE OF DEATH MO	NIH DAY YEA	R 2b HOUR	
1	{TYPE (OR PRINT)			4"	and the state that he		11	-15-85	4:438	
1	3. SEX	CRAI	4. RACE	SCOTT	5. DATE C	BROWN	6	AGE IN YEARS LAST BIRTHDA			HRS
-	J. JEA	MALE	WHITI		MONTH	DAY YEA		termina.		YS HOURS M	A IM.
4	1		7b. CITIZEN OF WH		10	- 10 - 85			YRS.		
Н	7e. BIR	RTHPLACE (STATE OR FOREIGN OUNTRY)	MARRIE	NEVER MARRIE	D X	BALTIMORE CITY OR C	OUNTY OF DEATH				
1	M	MRTLAND	U.S.A.		WIDOWED DIVORCED		D 🗆	BALTIMOR	TE CIT	CITY MD.	
1	10 CII	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HE					28 USUAL OCCUPATION		26. KIND OF BUSINESS OR	OR
1	B.	ACTIMORE	SAINT	AGNESINEET		DSPITAL	l l	(TITPE OF WORK FOR MOST OF WO	DIKLING (IFE) INDUS	KI	
	USUA	AL RESIDENCE (IF NURSING HOME	OTHER INSTITUTION, GIV	E RESIDENCE BEFORE	ADMISSION)		-				
ы	130 S	104		CITY OR TOW		136. INSIDE CITY LIM	_	3 STREET ADDRESS / ZI		W C 213	27
	-	THER'S NAME	imore	Lansdow	ne	YES NO [9 AYEN	0 m 212	.21
n		FIRST	MIDDLE	LAST		FIRST		MIDDLE		LAST	
	W	ILCIAM E	DWARD	BROWA		DIRBORAT	1	L		DHC	
П		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECU	RITY NO.	17 INFORMANT	a.	ADDRESS		21227	
٦		NO	- VAR OR DATES		_	William	E 3	ROWN Tr 3	34 Bigle		0.17
		18. CAUSE OF DEATH (Enter or	nly one couse per lin	e for (o) (b) one	diet)			011		ROXIMATE INTERVAL EEN ONSET AND DEA	ATH
		PART I. DEATH WAS CAUSE	D BY:			PIRATORY	BA	REST			
		IMMEDIA"	TE CAUSE (o)	C777 140-	1-1-0	77.77	17/0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	100		DUE TO, OR A	S A CONSEQUE	NCE OF	(P. 2 m = - V	F- 11	41 112 5			
	0	Conditions, if ony, which (16) CHRONIC PRSPIRATORY FAILURE									
		gave rise to immediate couse (a), stating the	DUE TO, OR A	S A CONSEQUE	NCE OF						
		underlying couse lost	(c)	FXTR /2.	MIZ	PRILMATO	VR(T	9			
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE							AL DISEASE OR CONDITI	ION GIVEN IN PAR	T 1(a		
	CERTIFICATION										
П	AT	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED			b. IF YES, WERE FIR		
	띮		- 1					YES IN NOT	VES T	SES OF DEATH?	
Н	ERT	218. ACCIDENT WAS UNDERLYING	7 21b TIME OF II	NJURY		121c HOW INJURY O	CCURRE	D (ENTER NATURE OF INJURY IN			
â۱		OR CONTRIBUTING CAUSE OF DE		MONTH DA	YEAR			e (Enter minute)			
П	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED			19						
П	AED	214 INJURY OCCURRED	21e PLACE OF	INJURY FACTORY OFFICE F	ARM ETC.)	211 LOCATION		CITY OR TOWN	COUNT	STATE	E
	~	AT WORK NOT WHILE									
		22a I certify that (I) (Mis haspi			10-	10 19.	85	. to 11 - 1)	19 8)	that (h (ve)	lost
		sow the deceased alive on	11-15		85 .01	nd that in (my) four o	pinion de	oth occurred on the date	and hour and Irom	the couses stated	d
		obove, (I) (we) (did) (did no 22b. SIGNATURE	view the body off	er death.		DEGREE			22c. D	ATE SIGNED	
		The my	-//	Mis		ATTEND		MEDICAL STAFF	de 11	1,5 /2,-	
Н		27d PHYSICIAN'S NAME LITTER	the war	1 10		22e ADDRESS	IAN [DIRECTOR PHYSICIAN	14	13 103	
				M			n.	- 112 B	D10 0	Ad 2 7/	
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		SURIAL, CREMATION, REMOVAL	236. DATE	23c N	NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION CITY OF TOWN	COUNTY	STATE	
Burial 11/19/85 Lorraine Pk. Cem. W								Woodlawn	Baltim		
	24 FL	JNERAL DIRECTOR				12	Sa. DATE				10
	T You ch	NAME	T T	ADDRESS		21229	YUN	4 U 1900	and broke total a.		1
	HU	obard Funeral E	iome, inc.	410/ W	1 Lker	s Ave.					

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certifical should be detached for use as the burial-transwith the State Dept of Health and Mental His IMPORTANT: If hem 21 is marked at them 18



STATE OF MARYLAND Film G610 item 1 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 12/31/95 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20. DATE KNOWN X MONTH 26 HOUR TYPE OR PRINT! OF ESTI-Delores Beatrice Delores 2819 85 Brown 11 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c. DATE FUNERAL DIRECT 5 FOR YOUR F MONTH LAST BIRTHDAY 9:10F PRONOUNCED 25 53 YRS 32 28 19 85 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Baltimore City, WIDOWED DIVORCED 1, 2, AND 3 TO THE FU M 3. RETAIN PAGE 5 D 2 SHOULD BE FILED, N ITAL RECORDS, 201 W 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ID CITY OR TOWN OF DEATH SOCIAL SECURITY Baltimore 2632 E. Federal Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO [MD Baltimore 2632 Federa 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME GES 1, MIDDLE MIDDLE LAST LAST Carter Arthur Cartwright Beatrice 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-30-0975 Chervll R. Lowery 1212 N. Curley St 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Chronic obstructive pulmonary disease 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 190 DATE OF OPERATION 20 AUTOPSY? YES | NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21L LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK WHILE X 220 I certify that I took charge of the remains described above, held an Autopsy inspection and in my opinion TO FUNERAL DIRECTO AFTER DEATH, WITH TH BALTIMORE, MARYLAN Notural causes death resulted from Accident Suicide Homicide ___ Undetermined monner ACTUAL 11/29/85 M.D. Assistant SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial 12/4/85 Arbutus Memorial Park MD Arbutus 07/84 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** DEC March F/H, Inc. 1101 E. North Ave. (VR A15 ME (5))

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*0		CEASED NAME FIRST OR PRINT) ESTZ	1LZ	BA	ROWN.	11-29 -	SS YEAR	12.05 A
	3 SE	Y	4 RACE B	5. DATE OF	BIRTH DAY JO 01	6. AGE (IN YEARS LAST BIRTY	YRS DAY	IS HOURS MIN.
Harried of gine.	10 C	RTHPLACE (STATE OR FOREIGN COUNTRY) IARYLAND IY OR TOWN OF DEATH BALTIMORE	TO CITIZEN OF WHAT COUNTR U.S.A. 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCHEACULTY, GIVE STR	MARRIED WIDOWED SING HOME OR		9 BALTIMORE CITY OF	is cut	MD.
er must be	13a S	AL RESIDENCE (IF NURSING HOME OR TATE IARYLAND		MORE	H INSIDE CITY LIMITS?	4/1 COMMI	NGSDE CT.	21201
ol exomin	Į	THER'S NAME JNKNOWN VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE		Louise	NAME MIDDLE	Hubb	ard
the medic	- 1		217-03	-4513		Vaughn 44 N	Maple St.	10701
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shows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI			200 AUTOPSY? YES NO	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES [SES OF DEATH?
Wentol Hygin Hem 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED		DAY YEAR	TIC HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPART	2)
tealth and I	MEI	WHILE NOT WHILE 21 WORK 270 1 certify that (I) (this haspit	(AT HOME STREET, FACTORY OFFIC	n	D-14-19-8	CITY OR TOW	9- 19.85	, that (I: (we) lost
NT: If Item 21		saw the deceased alive on, above, (1) (we) (did) (did na 22b. SIGNATURE	Notice the body after death.	DE	GREE ATTENDING PHYSICIAN		22c. DA	ATE SIGNED 29/83-
should be with the Si important	220 5	224 PHYSICIAN'S NAME (1VPEO) POIL OURIAL, CREMATION, REMOVAL	· RM FER		LUTITE AFTERY OF CREMATOR	RAN ItC	SPITAL	mo.
	E	BURTAL	12-5-85	Arbut	us	Arbutus		Maryland
6 60M 7/84 15, 4)		INERAL DIRECTOR MARCH F/H	INC. 1101	E. NOR	TH AVE JE	ATE REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGN	A RE

STATE OF MARYLAND

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	ACTOR SCHOOL	3 SEX		S. DATE OF BIRTH	6. AGE (IN YEA	ARS IF UND		24 HRS. 2c DATE	MC	NTH DAY	Y YEAR	26 HOUR
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	SALE		REIGN COUNTRY)	U. S.	Δ	WIDOWEL			more Ci	tv		
_	N S S S S S S S S S S S S S S S S S S S		TY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING HOME	OR OTHER		12a USUAL OCCU	ATION (TYPE OF V		IND OF BU	SINESS
	A HOUSE	В	altimore	rear of 3	411 Piedmo	nt Ave	₽.	CHAUFFFUL				
- 5	SEASO C	USU / 13a. S	L RESIDENCE (IF IN NURSING HOME O	R OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSIO	ON)	Id. INSIDE CITY LIMITS?	13e STREET ADDRE				
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å.	A STATE OF THE STA	14. F/	THER'S NAME	WIDDLE	FAST	1.	S. MOTHER'S MAIDE	NNAME	IDDLE	4111	LAST	
4	AH STOO		Dale		Thomas		Agnes	"	NOTE.	В	rown	
TIMO	AND NO /	16a V		MED FORCES?	166. SOCIAL SECURITY		. INFORMANT	32	214 Pred	mont .	Avenue	3
BALL	S AF		No.		216-54-5139		Mrs. Agnes	Brown Ba	altimore	Md.	21216	5
1	DON'S SERVICE OF THE PROPERTY		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED								APPROXIMATE	INTERVAL
NO	VAL VAL VAL		IMMEDIAT	E CAUSE (o) GUIT	shot wound		norax (uns	specified	weapon)			10000
EST	WITHIN 24 ENCIL IN ITE MINER AND TRANSIT PE ENTAL HYGII		Conditions, if any, which	DUE TO, OR A	S A CONSEQUENCE C	OF .						
. P	A PENCIL KAMINER AL-TRAN MENTAL N, OR RE/		gove rise to immediate	(b)					100			
2			couse (a) stating the under- lying couse lost.	DUE TO, OR A	S A CONSEQUENCE C)F				M		
5,2	XECUTEL VG" IN P CAL EXA BURIAL AND ME		PART 2 OTHER SIGNIFICANT CONDITIONS	ONTERRITING TO OFFICE BUT	L NOT BELLATED TO THE TENN							
DIVISION OF VITAL RECORDS, 201 W. PRESTON	DE EXECUTEI ENDING" IN I WEDICAL EX- AS A BURIAL ALTH AND M CREMATION,	Z	TAN E OTHER SIGNIFICANT CONDITIONS	ON INDUING TO GENTH BO	MOT KETWIED ID THE TERMI	IMAL DISEASE U	K CUNDITION GIVEN IN PAI	RI 1 ia				
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Y.	2215021	LIFIC									YES 🛣	
J-V	RTIFICATE SHOOT THE WORD TO THE COLUMB ECONTO BE CONTO BE	CER	210. EXTERNAL CAUSE WAS	ZIb. TIME OF IT		21c HOW	V INJURY OCCURRE	D LENTER NATURE OF IN.	URY IN ITEM 18 PART 1	OR PART 2)	123 25	110
NO	THE TO TH	14	UNDERLYING XOR CONTRIBUTING CAUSE OF D	DEATH 6:37.M.	MONTH DAY YEAR $11-17-1985$		ject shot.					
VISI	GERT 3 SF DEP	MEDICAL	21d INJURY OCCURRED WHILE DOLL WHILE DO	STREET FACTOR	INJURY (AT HOME,	21f LOCA	TION	CITY OR TO		COUNTY	- 1-	STATE
۵	WRI WRI AAGE ATE	~	AT WORK AT WORK	k rear			Piedmont			- COUNTY		MD
	NER: T CATE, FORW TOR: P.		22a I certify that I took charge	e of the remains descri	bed obove, held on	Autopsy				ny opinion	Dist.	
	MAN PER		death resulted from: Notur	ol couses . A	ccident , Suic	cide ,	Homicide X,	Undetermined mo		, - , - , - , - , - , - , - , - , - , -		
	CERTIFIC CERTIFIC ULD BE DIRECT WITH T	10	ha	0-			TITLE (SPECIFY)					
	MEDICAL E ECUTE THE CGE 4 3HOU FUNERAL THE DEATH		SIGNATURE 1	MARK	~	M.D.	Assistant	MEDICAL EXAM	INER S	ATE GNED_1	1-18-8	35
	MAN SERVICE		EXAMINER'S NAME Ann	M. Dixon.	M.D		111 De	enn St., E	Ralto 1	MD 2	1201	
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	22- 01	JRIAL CREMATION, REMOVAL 2				DKE22		arco., 1	·ID Z.	1201	
		230.80	PEC IEV)	11/23/1985	Mt. Calva			236 LOCATION CITY OR TOWN		COUNTY	STA	
07:84 25M	BP	24 F	Wilter & Sons Fu			ary ce		EC'D. BY REGISTRA	nne Arur	del C	TURE	d.
	DHMH - 17 (VR A15 ME (5))		Ol Gwynns Falls			2121	1 110		The year will		30	t .
	1-11			. Kiny . Dal	rille			D - 1000	7		1.0000	

2 6	1.	FOR Hepatitis	s thee DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MEN CERTIFICATE OF DEA		titis tracluto
337180		CEASED NAME FOR OHIT	MIDDLE	BROWN	20. DATE OF DEATH	
ede 4 mo	3. SE	m	Black Black	9 27	46 6 AGE 139 PRS LAST BIR 46 39	YRS DAYS HOURS MIN.
		serro Iniore, mu	CITIZEN OF WHAT COUNTRY	WIDOWED DIVOR	CED Baltimo	ore City, MD.
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M 15	130	AL RESIDENCE (IF NURSING HOME OR OT STATE 13b. COUNTY ATHER'S NAME	PARTITION ON RESIDENCE BY O	VESTE NO	1040 W.	ZIP CODE 21223 Fayette Street
1200		James	Brown	15 MOTHER'S MA Mary	Louis	
be exect	160 (NAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (1F YES, GIVE V	ED FORCES? NAR OR DATES) 166 SOCIAL SECTION 216-50			W. Fayette St.
stricts a physic copage energy,		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		had TAMPEN	Saeu	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires that the death is agreed by the attendations please tempore cast to bursist, cremotion, or either traumatin	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	Pericondi Le S Hoch	THE TERMINAL DISEASE OR CONI	DITION GIVEN IN PART I 10
11112	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORME	D 200 AUTOPSY? YES NO NO	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
Sician de physical		210 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR	OCCURRED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART OR PART 2}
affects of the by	MEDICAL	21d INJURY OCCURRED WHITE NOT WHITE AT WORK	210 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	PARM, ETC.)	CITY OR TO	WN COUNTY STATE
COOR A CO		220.1 certify that (I) (this haspital saw the deceased alive an above, (I) (we) (did) (did not)	11/24 10		apinion death accurred on the do	, 19 , that (It (we) last ate and haur and from the causes stated
Spill by Los		22d PHYSICIAN STVAME AT THE ORP		DEGREE ATTEM PHYS 220 ADDRESS	NDING MEDICAL STAF	22¢ DATE SIGNED
TO HOSPIT- retoined by TO FUNER should be a with the St IMPORTAN	73a S		NE, MD	NAME OF CEMETERY OR CREM	NATORY 123d LOCATION	
BP		Burial	11-29-85 A	rbutus Mem.	Pk. Baltimo	re Co. Md. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	ZM!	TRANSITE WW. Jon	nes, Jr. 4101	Edmond 2022	NOV 2 7 1985	25b, REGISTRAR'S SIGNATURE

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR				CERTIF	ICATE OF DEA	TH	REG	NO.				
i		CEASED NAME	FIRST	N	MDDLE.	L	AST		20 DATE OF DEATH		DAY	YEAR	26 HOU	R
ij	(TYPE	OR PRINT)	JUANTI	DETIC	BARA	BROW	7N		NOVEMBER	29,	1985		10:0	7 ^P M
	3 SEX	X	4	RACE		S. DATE C		YEAR	6. AGE (IN YEARS LAS	BIRTHDAY)	(F UND	ER I YEAR	HOURS	24 HRS
		EMALE		BLACK		09/2	28/38	TEAR	47	YI	RS.		HOOKS	MIN
1	Je BII	RTHPLACE (STATE C	OR FOREIGN 71	CITIZEN OF	WHAT COUN	MARRIE	D NEVER MARE	IED 🗆	9 BALTIMORE CIT	OR COU	NTY OF DE	EATH		
9		RYLAND		USA		WIDOWE		CED X	BALTIMO					MD.
7		TY OR TOWN OF D		(IF NOT IN SUCI	H FACILITY, GIVE	URSING HOME C STREET ADDRESS) KINS HOS	OR OTHER INSTITUT	ION	170 USUAL OCCUP		MG LIFE) IN[DUSTRY	F BUSINE	SSOR
		AL RESIDENCE (IF NO					LITIAL		Packer			Spic	е	
E	130 S	RYLAND	136 COUNT	Y	BALTIM	RTOWN	134 INSIDE CITY L		3014 DUP			212	15	
	14. FA	ATHER'S NAME	141	DD1F	LAS		15. MOTHER'S MA	IDEN NAM	AE MIDDL					
9		EDWARD	MI		THORNE		DAIS	Y	wioot.		GOINS	LAS1		
		VAS DECEASED EVE		ED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		AD	DRESS			1	
		NO	(11 123, 0142		216 34	1218	JUAN	ITA B	ARBARA BR	OWN	A	BOVE		
		18 CAUSE OF DEA	ATH (Enter only	one cause per	line for (a), (b), and ic						APPROXU BETWEEN C	MATE INTER	VAL DEATH
		PART I. DEATH	WAS CAUSED		'ARDIC	PULMONA	RY ARRE	ST				1/2	2 hor	~
	11			DUE TO OF	AS A CON	SEQUENCE OF			TELEVA DO			2		
		Conditions, if an	ny, which	(b)		and the second second	SITTUE	DIS	EASE			_	YEAR	S
		gave rise to it	mmediate	DUE TO OF	AS A CON	SEQUENCE OF								
		underlying cau	se last	(c)	AS A COIT	SEODEIVEE OF								
	z	PART 2 OTHER SIG	GNIFICANT CO		NTRIBUTIN	G TO DEATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR CO	NOITION	GIVEN IN	PART 110		
	CERTIFICATION	190 DATE OF OPER	ATION	TIPL CONDI	TION FOR W	VHICH OPERATIO	N WAS PERFORME	0	200 AUTOPSY?	T20h #	YES, WER	F FINDIN	IGS LISER	
	FIC.	THE DATE OF CALL		The Condi	HOITTOK V	THE TOTAL ATTO	TO THE ORME				RTIFYING		OF DEAT	H?
2	ERT	71a. ACCIDENT WAS U	INDERIVING T	21b. TIME OF	E INTITION		121, HOW IN HID	OCCUPP.	YES NO E		YES [NO 🗶	
-		OR CONTRIBUTING				H DAY YEAR	THE HOW HAJOR	OCCORR	ED (ENTER NATURE OF	NJURY IN ITER	A 18 PARI I OI	K PART 2)		
	ō	(IF EITHER NOTIFY ME		P./		19							-	
	MEDICAL	VHILE NOT		11e PLACE C		OFFICE, FARM ETC)	21f LOCATION STREET		CITYO	RIOWN	cc	YINUC	51	TATE
		AT WORK AT W	WHILE D											
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		obave (11) (we	(did (did nat)		after death.			opinian a	leath accurred on the	e dote and				ted
		276 SIGNATURE	1.1.1	11	n		DEGREE ATTEN	DING _	MEDICAL _ S	TAFF		C. DATE	1-	_
		274 PHYSICIAN'S	NAME LIVE OR	RINTI)	eir		PHYS 27e ADDRESS	ICIAN [SICIAN		11/2	9/8	
		Da	OF NO T	1	1 111	ENN		who	21415 11.	co	2017	- 401	7	305
_	02.0	ROE	SERI	/+ ·	LUK				KINS /te	50.	BALI	171	3 61	203
		SURIAL, CREMATION	_	236 DATE	/05	730 NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION		COUN	114	51	ATE
H	24 51		oval	12/3	1/85			N 81.77		orology co-				
	74 FL	JNERAL DIRECTOR			ADD	DELL		750 DATE	REC'D BY REGISTR	AR 25 R	SIST, ARS	JIGNA,	Sinda	2

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use with the State Dept. of Hea IMPORTANT: If Item 21 is m

Anatomy Board

Balto., Md.

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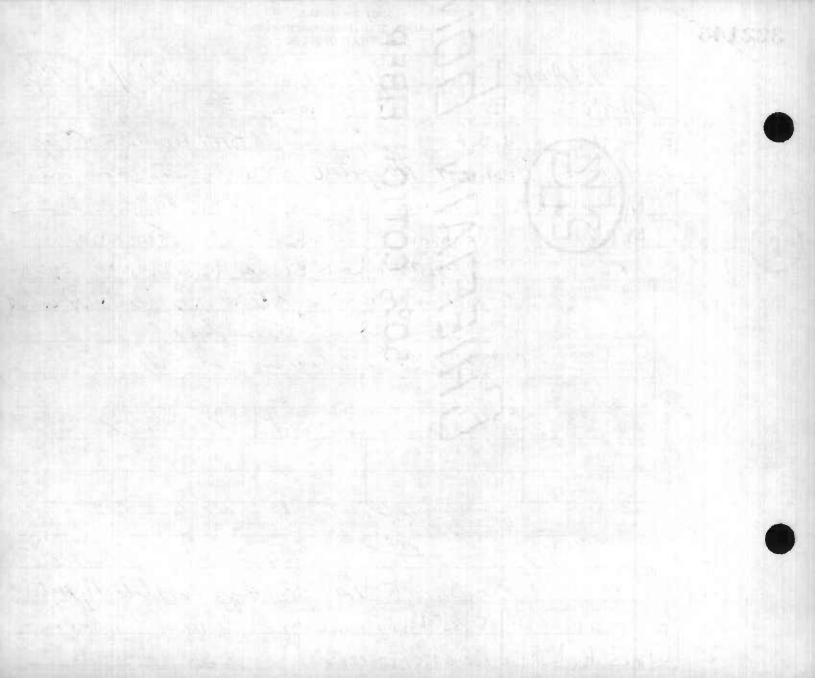
1		FOR STATE REGIS	TR
I. D	EC	EASED	Ν

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR		C	ERTIFIC	ATE OF DEATH	REG. NO	5 .		
5		OR PRINT)	10 MID	DLE	BIAST	7/1/1/	20 DATE OF DEATH	MONTH DA	1/8	745
	3 SE)	Female	4 RACE	5.	DATE OF B	DAY YEAR	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	H DMDFF HIM
1	7e. 80	THPLACE ASTATE OR FOREIGN	76 CITIZEN OF WI	HAT COUNTRY? 8		3 1932	9 BALTIMORE CITY O	R COUNTY O	F DEATH	
2	B	Ho, Md.	4.5.	1	MARRIED E	NEVER MARRIED U	BAIT	mok	OF C	ity MD.
9	B	ORTOWN OF DEATH	NOT IN SUCH !	SPITAL, NURSING H		TAC	ITYPE OF WORK FOR MOST OF UTILITY TO A	F WORKING LIFE).	126 KIND OF INDUSTRY Restau	-
5	USU/ Ula S	AL HEBIDE VCE (IF MURSING HOWE OR 135 COUNTY)	OTHER INSTITUTION GI		1130	I INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	lue.	21122
4	9"	Alfred	MIDDLE J	LAST		MOTHER'S MAIDEN NAM		Fran	Klin	
7		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES	SOCIAL SECURITY		INFORMANT	ADDRE	SS		
6		No	Z Z	18-26-88	51 1	ouis Brow	on 418 Dr	rid Hil	1 Ave.	21122
	TION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT (D BY E CAUSE (0) DUE TO, OR A (c) CONDITIONS CON	AS A CONSEQUENCE OF A C	E OF CAL TH BUT NO		/		N IN PART 110	
	CERTIFICATION	NOV. 5-198	5 Adds	ON FOR WHICH OP	ERATION V	91/	YES NO		WERE FINDING ING CAUSES (
	10.01	210. ACCIDENT WAS UMBERLYING CONCONTRIBUTING CAUSE OF DEA	1111	MONTH DAY	YEAR	L HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	EY IN ITEM 18 PAR	T I OR PART ?)	
	MEDICAL	21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE OF	INJURY I, FACTORY, OFFICE FARM.		I LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220 I certify that (I) (this haspi tall the deceased alive on above III (worlds) did no	NOV.	11.19 84		hat in (my) (aur) opinion d	eath accurred on the do	ite and havi o	and Iram the co	the same of
1		77h SIGNATURE	hu	1			MEDICAL STAI	F IAN [22c DATES	185
		EXNEST C	1. BK	DWN, MI	1.7	Provident	Hosp. 26	n Cet	berty	Hyt
	E/E	URIAL, CREMATION, REMOVAL	23b DATE	100	ary lo	MANGE U.M.C.	23 diocation Scity or town	09	COUNTY Pa	r K

DHMH - 16 60M 7/84 (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



	1	Items 5 G 6	12/13			E OF MARYLAND	I IIVOITUT	8 5	3 0	509
339090	1.	STATE REGISTRAR		UEPAKI		ICATE OF DEATH				
		CEASED NAME FIRST		MIDDIE		AST	20. DA	REG. NO.	DAY YEA	AR 2b HOUR
moy be poge 3	{TYP	Beati	ice		Bry	ant		11	21 85	. AA
you do	3. SE		4. RACE		5. DATE O	S DIOTIL	6 AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER 1 Y	
ge 4		Female		Black	MONT	7 21 3 05	1895 90) YRS		ATS HOURS MIN.
Poor Poor	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIE	9 BAL	TIMORE CITY OR COUN		н
death unerg		Carolina	U. S	. A.	WIDOWI	DIVORCE		Baltimore Ci	ty	MD.
frer the fi	10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREE	T ADDRESS)	OR OTHER INSTITUTIO		SUAL OCCUPATION F WORK FOR MOST OF WORKING	12b. KIN SLIFE) INDUS	ND OF BUSINESS OR TRY
ours offer in by the e filed v		altimore AL RESIDENCE (IF NURSING HOME		elle Ave			Hor	nemaker	7707	Home
ed within 24 hours mpletely filled in by ond 2 should be file	130	STATE 136 CO		13c. CITY OR TOV	WN	134 INSIDE CITY LIM	NITS? 13e STE	REET ADDRESS / ZIP CO	JUE	Belle Aver
- e sy		aryland		Baltim	ore	YES NO [ltimore, Mar	yrand	21217
d wifl		FIRST	teven	Hodge		Emalir		MIDDIE	Fo	LAST Ord
5 0		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC		17 INFORMANT	10	401PoChath		
n and c		YES NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	219-26-	9687	Marvin	Bryant	Baltimore,		21207
cto pers.		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU	only one cause per	line for rai, (b), a	nd ic		1 -			PROXIMATE INTERVAL
(1)			SED BY: ATE CAUSE (a)	Hcv.	6	Nyocardo	nd In	foretin		
of Della			DUE TO, O	R AS A CONSEQU	JENCE OF				1	10
o o o o		Canditions, if any, which gave rise to immediate	(b)_	CH	F				ly	ronth
of the		cause (a), stating the underlying cause lost.	DUE TO, O	R AS A CONSEQU	JENCE OF					yeurs .
es the pleat priol,		PART 2 OTHER SIGNIFICAN	(c)	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	E TERMINAL DI	SEASE OF CONDITION	CIVENI INI DAD	P. Luc
equir n sign Then to b	NO		~		924111	THE PRESENT OF THE	E TERMINAL DI	SEASE ON CONDITION	STVETV II VI AN	, ,,,
ow r	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	HOPERATIO	N WAS PERFORMED	. 20a	AUTOPSY? 206 IF	YES, WERE FIN	NDINGS USED USES OF DEATH?
The I	RTIF	None					YES	□ NO[]	YES [NO 🗌
Z & S O T 8		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		FINJURY M. MONTH	DAY YEAR	21c. HOW INJURY C	CCURRED (EN	ITER NATURE OF INJURY IN ITEM	18 PART I OR PAR	L 51
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI	P. 21e PLACE		19	211 LOCATION				
G PHY offendi	ME	WHILE IT NOT WHILE IT		REET FACTORY OFFICE	FARM, ETC)	STREET		CITY OR TOWN	COUNTY	Y STATE
DINC or o or o Afte se os solith mork		220 I certify that (I) (the	entale attended th	e deceased fram.	G	81 10	G / to	11/11	10 8	L, that III (we) lost
TTEN Pitol TOR for u		saw the deceased alive abave, (I) (we) (did) (did			85.0	nd that in (my) (aur) o	pinian death ac	curred an the date and h	our and fram	
OR A DIREC DIREC Sched Dept		226 SUSPONTURE	()	1 o		DEGREE			22¢ D	ATE SIGNED
TAL O y the NAL D detoc detoc		James V	, Itan	dull N	in		ING MEDI	CTOR PHYSICIAN		1/26/85
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		BURIAL, CREMATION, REMOV				EMETERY OR CREMA		LOCATION CITY OR TOWN	COUNTY	STATE
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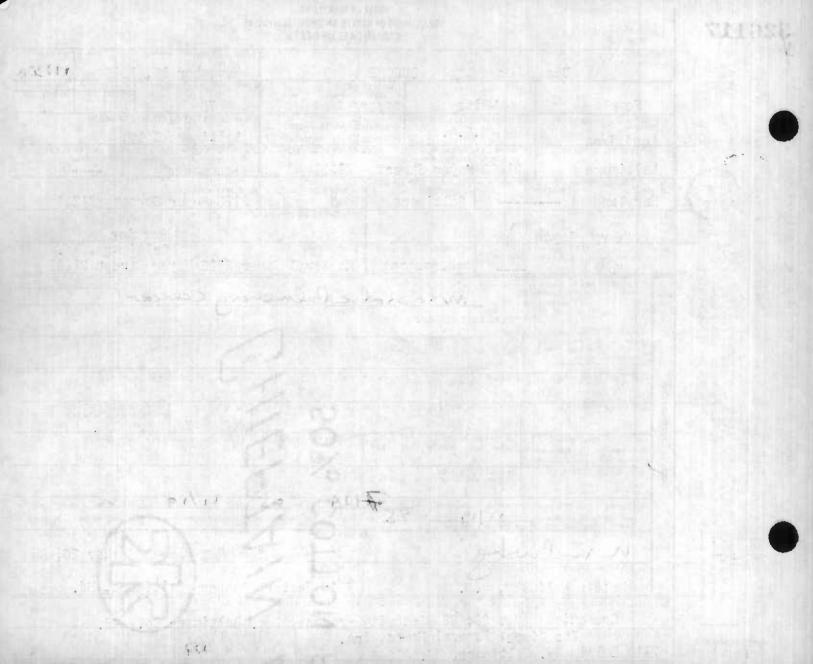
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11027	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYP ICATE OF DEATH	GIENE 3 5	NO.	0 6	
1 11 /		CEASED NAME STO	lla	,	∧IDD1€	Buca	czkowski z kowski	20 DATE OF DEATH		DAY YEAR 03 85	26 HOUR 645 A M
1 14 19	3 SE	Female	4 RA	,	nite	5. DATE (OF BIRTH DAY YEAR	6 AGE (IN YEARS LAST	,	MONTHS DAYS	IF UNDER 24 HRS
1 1197		RTHPLACE (STATE OR FOREIG	N 7b C	ITIZEN OF	WHAT COUNTRY	? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	TRS		
and the second		Poland ity or town of DEATH Baltimore		(IF NOT IN SUC	HOSPITAL, NURSI HEACILITY, GIVE STREE	NG HOME	DR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Housewi	ATION STOF WORKING LII	126 KIND O	MD BUSINESS OR
35	13a S	AL RESIDENCE (IF NURSING)	ME OR OTHER	RINSTITUTION	GIVE RED DENCE BEFOR	re admission) NN	134 INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS	S / ZIP CODE	vd. 21	221
1030	1	Thomas	WIDDL	Gr	yglews		15 MOTHER'S MAIDEN NA FIRST Joann	AME		Unknow	
c) 2		VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED ES, GIVE WAR		220013		Florence]			. Deck	er Ave.
prificio en pripric emocal:		18 CAUSE OF DEATH (En PART I. DEATH WAS C	ter only on AUSED BY EDIATE CA		Pulmer		embolism			BETWEEN	MATE INTERVAL DINSET AND DEATH
offendin offendin offen, er rosmette		Conditions, if any, whi gave rise to immedio	h (DUE TO, OI	R AS A CONSEOL Atria		rillation			4	days
that the d by the ease rem out, cremi	H	cause (a), stating t underlying cause la	ne {	DUE TO, OF	RAS A CONSEQUE	JENCE OF				5	days
requires en signe r Then pl or to burn y injury.	TION	Cellulit	15	right	foot		NOT RELATED TO THE TER/				
The law site has be not permit permit permit regione pri	CERTIFICATION	190 DATE OF OPERATION				H OPERATIO	N WAS PERFORMED	YES C	IN CERTIF	S, WERE FINDIN FYING CAUSES ES	OF DEATH?
SICIAN. The ng physica certificate buildistransit ental Hygie frem 18 sha		210. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICALEX.	OF DEATH	216 TIME O HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTERNATU	JURY IN ITEM 18 F	PART I OR PART 2)	
VG PHYS ottendir ter this is the bu h and M.	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e. PLACE (OF INJURY EET FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
ATTENDIR spital or CTOR Al for use of de Healt		220 I certify that (I) (this saw the deceased all above, (I) (we) and (c					25 , 19 <u>85</u> nd that in (my) (aur) apinian	, , , ,			hot (I) (we) last causes stated
by the hos by the hos cederached State Dept ANT: If them		226. SIGNATURE DON M. 226 PHYSICIAN'S NAME	T.	Colo		M.D.	DEGREE ATTENDING PHYSICIAN [MEDICAL ST DIRECTOR PHYS	TAFF SICIAN 🗌	22c. DATE S	3 /85
TO HOSPITAL retained by th TO FUNERAL should be deto with the State IMPORTANT: If		Joan M.	T. (Collis	on, M.D.		301 St. Pa	ol Place,	Balti	more, Ms	21202
BP		Burial, CREMATION, REMO SPECIFY) Burial		11/6/			emetery or crematory anislaus Ce		more	COUNTY	state Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	Dabrowski	& S	on 28	ADDRESS E.	Balti	more St 250 DA	00051985	R 25b. REGIST	rab's signati	IRE "

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326117	1 - STA'	TE ISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL H' ICATE OF DEATH		G. NO.	0 0	Property Company
7	I. DECEASE			MIDDLE	L	AST	20. DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR
moy be poge 3	(TIPE OR PRI)	Uta	Δ	BI	JECHE		Novemb	er 19.	1985	11130 pm.
moy . po	3. SEX		4 RACE		5. DATE C		& AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
s of	F	emale	Wh	ite	08/2		78	YRS.	MONTHS DATS	MIN.
Pod dir	70. BIRTHPL	ACE STATE OF FOREIGN		WHAT COUNTRY?	1	NEVER MARRIED	9 BALTIMORE C	ITY OR COUN	Y OF DEATH	
nero na 72		isiana	U	.S.A.	WIDOWE		Baltim	ore Cit	у,	MD.
e de fo	IO CITY OF	TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	170. USUAL OCCI	UPATION	12b, KIND	OF BUSINESS OR
5 2 200	Ba1	timore	21223	Mover Sti	reet	21231	Homema			
212	WSUAL RES	IDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION	13d. INSIDE CITY LIMITS?	13e. STREET ADDI			-8-16-
N 22 Page		yland		Baltimo		YES NO	2123 Mo	yer Str	eet 21	.231
4 2	14 FATHER		MIDDLE	LAST		15. MOTHER'S MAIDEN N	IAME	DIE		\S1
MAN be ed w		Henry Boyc				PIRST	With the second		cier	(3)
BALTIMORE, MARYLAND 2 cote be executed within 24 hor ysicion and complete filled opers. Pages, I and Zshould b vol. it, the medical examiner must	160 WAS D	ECEASED EVER IN U.S.		166. SOCIAL SECU	RITY NO.	17. INFORMANT	<i>A</i>	DDRESBalt	imore,	Md.
IMORE,	1462 140	No		218-07-3	202	Ms Beryl S	auer 2123	Moyer S		21231
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The law requires that the death certification physician. Witer this certificate has been signed by the attending plays the buriol-transit permit. Then please remove carbons in and Mental Hygiene prior to buriol, cremotion, or removed or them 18 shows any injury, or other traumatic even	gav cau und	ditions, if ony, which e rise to immediate se (a), stoting the erlying couse lost.	(b)	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TE	RMINAL DISEASE OR	CONDITION G	IVEN IN PART 1	10:
At RECO	CERTIFICATION 190 D	ATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY YES NO	IN CERT	ES, WERE FIND TIFYING CAUSE YES []	
OF VIT. CLIAN: 1 3 physic pertificate artificate oil-trans moil Hyg em 18 sh	00.0	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A	OF INJURY .M. MONTH DA .M.	YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE (DE INJURY IN ITEM 18	PART I OR PART 2}	
VISION G PHYS oftending cler this of s the bur s the dor it	V	NJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	City	ORTOWN	COUNTY	STATE
OR ATTEND DIRECTOR: A Coched for use Coched for use Dept. of Heal		certify that (1) (this had a care the deceased alive above, (1) (we) (did) (did SIGNATURE	on	19 19		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	on death occurred on	STAFF	22c. DAT	that (II (we) lost e causes stated E SIGNED 20, 85
HOSPITAL ined by the FUNERAL wild be det h the State	226	PHYSICIAN'S NAME (TY	PE OR PRINT!			22e ADDRESS				
		Melvin Wel	insky. M	.D.		6216 Easte	rn Avenue	Baltim	ore. Md	
of of shoot with with		L, CREMATION, REMOV			AME OF C	EMETERY OR CREMATOR	23d. LOCATION	٧		
BP	SPECIF	Cremation	Nov 2	0, 85 Sec	curit	y Process, I	nc Baltim	ore Co.	- Md	STATE
DHMH - 16 50M 4/82	24 FUNER	AL DIRECTOR The	Dippel F	uneral Hou	nes.	Inc. 25e D	ATE REC D. BY REGIS	TRAR 256. REGIS	STRAR'S SIGNA	TURE
(VRA 15, 4)	711	Belair Rd	. Baltimo	ore. Md.	21206	IV.	UV 4U 198	0.		1



DHMH - 16 60M 7/84 (VRA 15, 4)

5 60M 7/84 24 FUNERAL DIRECTOR

ADDRESS

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR				CERTI	FICATE OF DEATH		REG. NO.			
	DECEASED NAME	FIRST HOMAS		AIDOLE		BURBAGE	20 DATE		ONTH D	3 85	26 HOUR
1	SEX		4 RACE			OF BIRTH	6 AGE (III	YEARS LAST BIRTHE		FUNDER I YEAR	IF UNDER 24 HR
	Male		White		™2 ™		80			ONINS DAYS	
70.	BIRTHPLACE (STATE OR FO	lina	USA	WHAT COUN	MARRIE WIDOW	ED NEVER MARRIED	BA	ORE CITY OR			,
1	BALTIMORE	1	F NOT IN SUC	HOSPITAL, N H FACILITY, GIVE LCK HO	STREET ADDRESS)	OR OTHER INSTITUTION		Corp. S			of BUSINESS C
13	SUAL RESIDENCE IN NURSING STATE Md .	Bal	YY.	GIVE RESIDENCE TOWS	EBEFORE ADMISSION) RIOWN ON	YES NO TO		T ADDRESS 1	.0 Ced	lar Av	e 709
1	FATHER'S NAME FIRST Thomas		AIDOLE	Burba	ge	S. MOTHER'S MAIDEN N Annie	AME		Winbo	orne "	AST
160	WAS DECEASED EVER IN		MED FORCES? WAR OR DATES)	166. SOCIAL 212 1	0 9499	Mr. L. W. Bu	rbage	202 B		eim Rd	
CERTIFICATION		low	onditions co	DITRIBUTING	G TO DEATH BUT	T NOT RELATED TO THE TER	200 AU	Seis TOPSY?	20b. IF YES,	WERE FIND	
	00.000,000,000,000	USE OF DEAT	n -	M. MONTH	H DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER	NO NATURE OF INJURY	YES	RT OR PART 2)	NO [
MEDICAL	(IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	D	P./ 21e PLACE C	OF INJURY	OFFICE FARM ETC.)	21f LOCATION STREET		CITY OR TOWN	٧	COUNTY	STATE
	220 I certify that of (saw the decease above, (I) (pertidic	l alive on d) (did not	Nov 1	3		nd that in (my) of apinion DEGREE D ATTENDING PHYSICIAN 122e ADDRESS	MEDICA		_/		that (1) be To
230	BURIAL, CREMATION, R	He	236 DATE 11/18/1	985	23' HOTTY	Keywick 70		CATION TY OR TOWN EWSOM S	4 St	COUNTY	2/2// Vastate
	FUNERAL DIRECTOR Mitchell-Wie	defe			Ŭork Rd.	250 DA		REGISTRARIS	THE CHAR	The same	ide :

DHMH - 16 50M 1/81 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

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		oten en			
	ne granica (SE) e muser	est and a section	10° 02' 220 '41		
			X		

FOR - STATE REGISTRAR 1 DECEASED NAME

ITYPE OR PRINT!

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20 DATE OF DEATH

DAY	YEAR	2b. HOUR
23	85	51500
IF UND	DERIYEAR	IF UNDER 24 HRS

-	0	10
>	no	1
	0 .	-

MALE

Cauca-SIAT

Robert S. Burdel

5. DATE OF BIRTH

30

6. AGE (IN YEARS LAST BIRTHDAY)

Clerk

BALTIMORE CITY OR COUNTY OF DEATH

Gaff

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

Virginia

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE!

13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE

Sales

Yes

(IF YES GIVE WAR OR DATES) Korea

18 CAUSE OF DEATH IEnter only one couse per line lar (a), (b), and (c)
PART I, DEATH WAS CAUSED BY

NO 2 8150 Elizabeth Road 15 MOTHER'S MAIDEN NAME

Edwin

MIDDLE T to WAS DECEASED EVER IN U.S. ARMED FORCES?

Burdell 166 SOCIAL SECURITY NO. 227 32 4343

Elizabeth 17 INFORMANT

Pasadena, Maryland 21122 Norma L. Burdell 8150 Elizabeth Road

IMMEDIATE CAUSE (a) Conditions, il ony, which gave rise to immediate

DUE TO, OR AS A CONSEQUENCE OF

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

couse (a), stating the underlying cause last

210 ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

WHILE NOT WHILE

(IF EITHER NOTIFY MEDICAL EXAMINER)

п	PART	2	0	TΗ	ER	
1						

SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I 10

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

270 I certify that (this hospital attended the deceosed from

216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR P.M. TIE PLACE OF INJURY AT HOME STREET, FACTORY OFFICE, FARM ETC)

211 LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM JB PART I OR PART 2)

YES T

COUNTY

77h SIGNATU

and that in (my) (aur) apinion death accurred on the date and have and learn the causes stated DEGREE

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN

20a AUTOPSY?

NO

CITY OF TOWN

VAZQUEZ 23 BURIAL CREMATION REMOVAL

cremation

11/25/85

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION Westview Crematory Catonsville Balto

Md

24 FUNERAL DIRECTOR

(VRA 15, 4)

Raymond C. Fink Glen Burnie, Md. 21061

ins peridon-Randell

DHMH - 16 60M 7/84

The Land + S. Burd - H 11 28:5 5:50 Laconsider 11 23 ha 5 LONG TO DESCRIPTION OF THE PROPERTY OF THE PRO 52 53 THE TAX TO STITLE TO STITL 570 3753 8 2 2 3 3 5 7 5 7 5 TO THE STATE OF THE STATE OF STATE STATE OF THE STATE OF Such a strain and and a such a such as a such TRACE OF THE PROPERTY OF THE PROPERTY OF

(VRA 15, 4)

AND ELIZABETH TO A DESCRIPTION OF THE PROPERTY THE REPORT OF THE PARTY OF THE CHEST CONTRACTOR CONTR and on any other than the second of the seco THE TENTH OF THE PERSON OF THE

E.I. PHILLIPS 1721 N. MONROF ST

STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

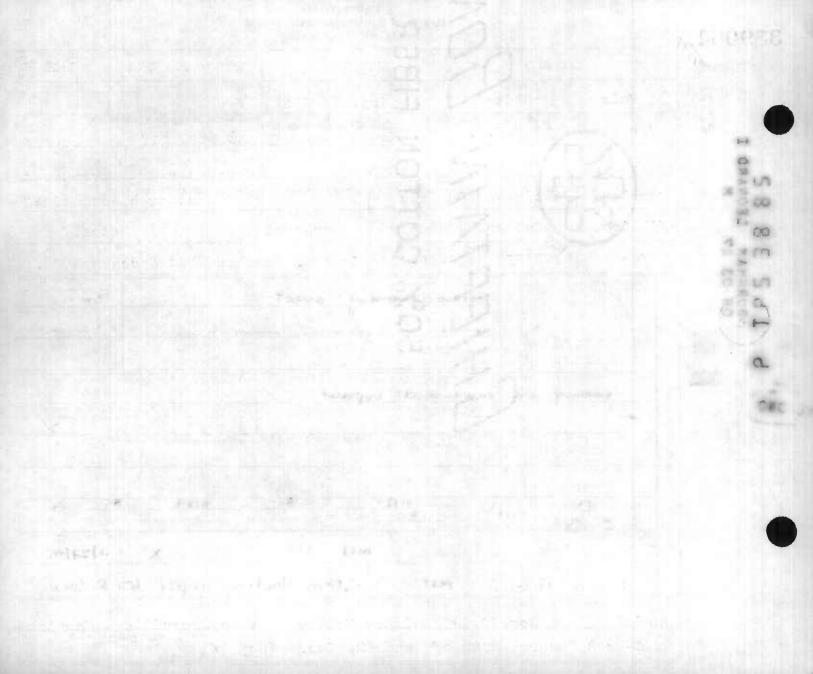
REGISTRAR		CE	KIIFICATE OF DEATH	REG. NO.	
1 DECEASED NAME (TYPE OR PRINT) L.	FIRST	I MIODLE	BURNHAM	NOVEMBER 27,	D
3 SEX Male	White		Aug. 3, 1927	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Naryland	U.S.A	4. WIC	ARRIED A NEVER MARRIED DOWED DIVORCED	9. BALTIMORE CITY OR COL	
BALTIMORE	JOHNS	HOPKINS HOS	SPITAL	120 USUAL OCCUPATION 174PE OF WORK FOR MOST OF WORK	176 KIND OF BUSINESS OR INDUSTRY GOVERNMENT
	Baltimore	131 CITY ORTOWN Dundalk	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C 8240 Kavanav	igh Road 21222
William	Luther	Burnham		WIDDLE	Metcalf
(YES TO OBJINKNOWN)	N U.S. ARMED FORCES?	166 SOCIAL SECURITY 216-20-07		irnham 8240 k	
DARTI DEATH W/	MMEDIATE CAUSE IO) DUE TO, C which ediate	R AS A CONSEQUENCE	orany arest or squeemous ca	urome	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH S WILLY S WO WILL
190 DATE OF OPERATI	REVING 27% TIME C	UTION FOR WHICH OPER	RATION WAS PERFORMED	200 AUTOPSY? 20b	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{NO} \)
OR CONTRIBUTING CO	E T IAT HOME ST	OF INJURY REET FACTORY OFFICE, FARM E	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceose obove. The Price of the Pric	0.	otter death.	DEGREE ATTENDING PHYSICIAN [27e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
230 BURIAL, CREMATION, R			OF CEMETERY OR CREMATORY	phono the parp	POI NO BLEETING

DHMH - 16 60M 7/84

(VRA 15, 4)

Burial Nov. 30, 1985 Dulaney Valley
14 FUNERAL DIRECTOR Dudar—Ruck Funeral Home of Dundalk, Inc.

Nov. 30, 1985 Dulaney Valley Cockeysville Maryland



	- 1				STAT	E OF MARYLAND	Fig. 122	1	17 25	1 3
V		1.	FOR STATE DEPOSE			IEALTH AND MENTAL HY	GIENE O O	0	0 0	
5020		-	REGISTRAR BETTY	BUTLER	CERTII	ICATE OF DEATH	REG. NO			
いしんし			EASED NAME FIRST	WIDDIE		LAST	20 DATE OF DEATH	AONTH DAY	YEAR 21	. HOUR
e 3		(TYPE	Betty			3utler	11	الاه	85	1 30 A M
poge deat		3 SEX	-	4. RACE	5. DATE		6. AGE (IN YEARS LAST BIRTH			FUNDER 24 HRS
s of		f	emale	white	Augus	06 3001	61	YRS.	HS DAYS P	WARS MIN.
hour e.		Pa. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INITENA 9	DEKNEVER MARRIED	9 BALTIMORE CITY OR		DEATH	
ouo	34		rvland	USA USA	WIDOW		Baltimor	e City	7	MD
P.			Y OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		12a USUAL OCCUPATIO	N I	26. KIND OF B	SUSINESS OR
So Sit	7	В	altimore /	Francis S		v Hospital	Waitres	S & I	Home n	naker
oe .		USUA	L RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)		In expert apprecs		212	219
一型	5	M		timore Cit		134. INSIDE CITY LIMITS?	134 9TREET ADDRESS	kold H		
		I4 FA	THER'S NAME		,	15 MOTHER'S MAIDEN NA		ROLG I	OLILO	1100
りま	C		Charles	H. Jones	AST	Mild	red Willi	ams	EAST	
0	5		AS DECEASED EVER IN U.S. A		AL SECURITY NO.	17 INFORMANT	9133 Cuc	kold I	Point	Rd
med	6	()	ES, NO OR UNKNOWN) (IF YES, GI	218	16 8029	Wm. Butle	r Baltim			1219
the the			18 CAUSE OF DEATH (Enter o	nly one couse per line for (a)			1.			TE INTERVAL
went,			PART I. DEATH WAS CAUS	FD RY.	12	spiritury o	rest			
or re			IMMEDIA	DUE TO, OR AS A CO		1 - 1	1		11/-	heed
ION,			Conditions, if any, which	(1b)	metrit	atra recta	1 carcinon	A	1/2	years.
mot r tro			gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NISEQUENCE OF				100	1
l, cre			underlying cause last	(c)	143EG/OEINCE OF					
y, or			PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR COND	ITION GIVEN I	N PART 1(a)	
שוביים		CERTIFICATION								
pric	1	CAI	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING		
nene now	-	ZTIF				AND LANDSON	YES NO	YES []	NO 🗆
Hyg 18 sl	0		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY	IN ITEM TE PART T	OR PART 2)	
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rked		2	WHILE NOT WHILE AT WORK	(AT MOME, STREET, FACTORY	. OFFICE, FARM, ETC.)	1 0 0	1 11 2		0/	
E			220 I certify that (I) (this hosp	oital) attended the decepsed	from	16-83 19 8), 10	. 19_	15_, the	at (I) (we) last
21			sow the deceased alive a	ot) view the body after deat	_19_15.0	nd that in (my) (our) opinian	death occurred on the dat	e and hour and	d from the co	uses stated
ept.			226 SIM NATIONE)	. 1	DEGREE			22c. DATE SIG	GNED
			h.h.x	T. / my	not 1	MD ATTENDING PHYSICIAN	MEDICAL STAFF		11-0	21-85
ANI A	\exists		22 PHYSICIAN'S NAME (TYPE	OR PRINT)	1	22e ADDRESS	1	1		
MPORTAN			Robert 1	F. Commi	to	Francis Scit	t Ky Medica	1 Cent	v	
¥-			URIAL, CREMATION, REMOVA	L 236. DATE	23c NAME OF	CEMETERY OR CREMATORY	230 LOCATION			
		1	Burial	11/24/85	Wesle	y Chapel Ce	em Rock Ha	11, M	d.	STATE
M 4/82		24 FL	NERAL DIRECTOR	1 00		JISA PA		ha Davids		E02. I
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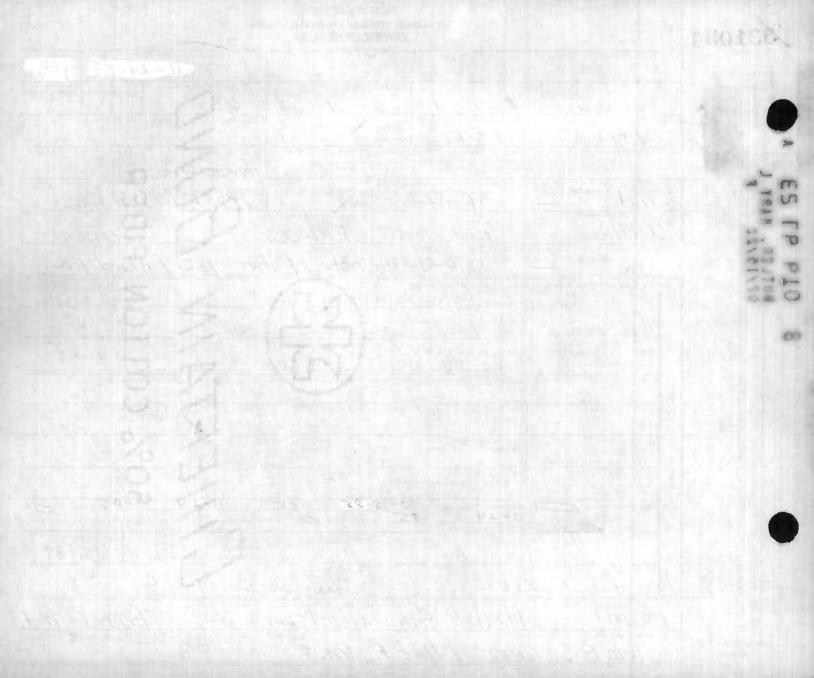
TO HOSPITAL

BP.

DHMH 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

1		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		
21		CEASED NAME	FIRST	M	IDDLE	t	AST	20. DATE OF DEATH MONTH DA	Y YEAR	26 HOUR
	{ TYPE	OR PRINT!	MARY	I	BU	JTLER		NOVEMBER 24, 198	5	01:32am
	3 SEX	х		4 RACE		S. DATE C			UNDER 1 YEAR	IF UNDER 24 HRS
		Female	2	Neo	groid	MONTH 2	- 21- 22	63 YRS.	ONTHS DAYS	HOURS MIN.
74		RTHPLACE ASTATE O	IR FOREIGN	76 CITIZEN OF	VHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH	
7		Virgini	id	4.5	5.A.	WIDOWE	_	BALTIMORE CITY		MD.
IA		ITY OR TOWN OF D LTIMORE	EATH	THE JOH	OSPITAL, NURS		SPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)		PF BUSINESS OR
L	USUA 13a. S	AL RESIDENCE (IF NU STATE	136 COUN	OTHER INSTITUTION (BOTH		13d. INSIDE CITY LIMITS?	136 STREET ADDRESS ZIP CODE	d'Av	13 R1
E	14 FA	WITTE		MIDDLE	Inders	on	France.	WIDOLE	Sim	005
		VAS DECEASED EVE		MED FORCES?	166. SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRESS	, ,	n .
		No	_	_	219-0	1-5855	Kobert Bu	Her 1821 Kuth	and 1	4/2.
		18 CAUSE OF DEA	TH Enter or	ly ane cause per	line for to 1, (b),	and (c).	6		BETWEEN	IMATE INTERVAL ONSET AND DEATH
	8	PARTIDEATH		E CAUSE (a)	CARDI	o pulm	ionary arre	257	101	ninotes
				DUE TO, OR	AS A CONSEC	UENCE OF			2/11	VS
Я		Conditions, if on gave rise to in		(b)	CARDIO	GENIC	c stock		200	
		cause (a), statunderlying cou	ting the	DUE TO, OR	AS A CONSEC MUDC	over of	e Infarcti	on	44	IKS
	z	PART 2 OTHER SIG	GNIFICANT (CONDITIONS CO				MINAL DISEASE OR CONDITION GIVE	N IN PART III	a
-	ATIO	190 DATE OF OPER	ATION	TIRK CONDI	ION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES.	WERE FINDIN	ICS LISED
2	CERTIFICATION	176 DATE OF OPER	ATION	170 CONDI	TOTA FOR WHITE	CHOPERATIO	N WAS FERFORMED		ING CAUSES	
7	CER	210. ACCIDENT WAS U	- laye	1 110110 11	INJURY A. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)	
	CAL	OR CONTRIBUTING	-			19				
	MEDICAL	21d INJURY OCCU	RRED	21e PLACE C	FINJURY	E CARAL ETC.)	211 LOCATION	CITY OR TOWN	COUNTY	STATE
	>	AT WORK NOT	ORK	(Artione State	er racioni, orra	E PARM ETC				
		220 I certify that	Il his hosp	attended the	deceased from	10-15	. 19.85		25	that (l) espost
		saw the deced	ased alive on	11-2	19 after death.	<u> </u>	nd that in (my) ppinian	death accurred an the date and have a	and from the	causes stated
		226. SIGNATURE	1 11	,	1010		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE	SIGNED
		9	D XJO	ence,	ru)		PHYSICIAN (DIRECTOR PHYSICIAN	11/2	4/85
		22d PHYSICIAN'S					220 ADDRESS 600 N		MD 212	205
		r.L		RVER	-		1 30,000	ophins Hospital	4-9-6	
	23a B	BURHAL, CREMATION	N, REMOVAL	236 DATE	175 /	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	20UNJA	1 8W3 1
	24 (1	UNERAL DIRECTOR		11/02/	180 1	MIIIS	n torest cen		alto, L	-0, //d.
	1	NAME DIRECTOR	250	~1000	- /ADDRAS	DEG	Porto G.	TE REC'D. BY REGISTRAN 256 REGISTRA	TANGENA !	of i



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323134	1.05	REGISTRAR	FIRST	MIDDLE		TENTE OF	PEATH.	REG. 20. DATE OF DEATH		DAY YEAR	at month
. m-s		CO DOIN 11	rbert					76. DATE OF DEATH			26 HOUR
may be	2.05			Lee	Byr		•	6 AGE (IN YEARS LAST		4 1985	IF UNDER 24 HRS
cfor. F	3. SE	male	black		5. DATE C	T	1927		58 _{YRS}		HOURS MIN.
dire hour		IRTHPLACE (STATE OR FOR	REIGN 76 CITIZEN OF	WHAT COUNTR	RY? 8	M		9 BALTIMORE CITY	OR COUNTY	OF DEATH	
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NND 212		AL RESIDENCE (IF MURSIME STATE 1:	G HOME OR OTHER INSTITUTION 36 COUNTY	134. CHY OR TO Baltim	OWN	13d INSIDE C	CITY LIMITS?	13e.STREET ADDRES	S / ZIP CODE HOTTY	Street	21229
MARYU		AShton	MIDDLE	Byrd			's maiden na Veda	WE		Dicker	rson
n and a medicol		WAS DECEASED EVER IN	U.S. ARMED FORCES? (IFYES GIVE WAR ORDATES) Korean	230-3		Etta E		3 Mt Holly	Street		5.73
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ISION OF VITA PHYSICIAN T tending physici r this certificate the burdet-fronts and Mental Hyg ed or frem 18 sh	MEDICAL CE	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRE)	USE OF DEATH HOUR A	OF INJURY OF INJURY IREET, FACTORY, OFFI	19	211 LOCATI	N/K	RED (ENTER NATURE OF IN		COUNTY	STATE
ATTENDING haspital or		220.1 certify that (I) (t	his hospitals attended to		9_ <u>/3</u> .or	N.	. 19. 8	5 , to	date and hou	and from the co	
O HOSPITAL O etained by the TO FUNERAL DI should be detact with the State De MAPORTANT: If h		REGINA	ALDW.	STALL	CING	200 ADDRES	Plysician D ss	MEDICAL ST DIRECTOR PHYS	AFF SICIAN	11/	15/83
BP		BURIAL, CREMATION, RE (SPECIFY) Burial	23b DATE 11/18/		30 NAME OF C Garriso			OWINGS	Mil.	15°UNIY	STATE
	_	UNERAL DIRECTOR						E REC'D. BY REGISTR	R 25 REGIST	ARS LIGNATU	and all
DHMH - 16 60M 7/B4 (VRA 15, 4)	Wi	illiam C. Ma	arch F/H Wes	st 4300	Wabash	Avenue	NO	V 15 1985	14	(4000) - 19	

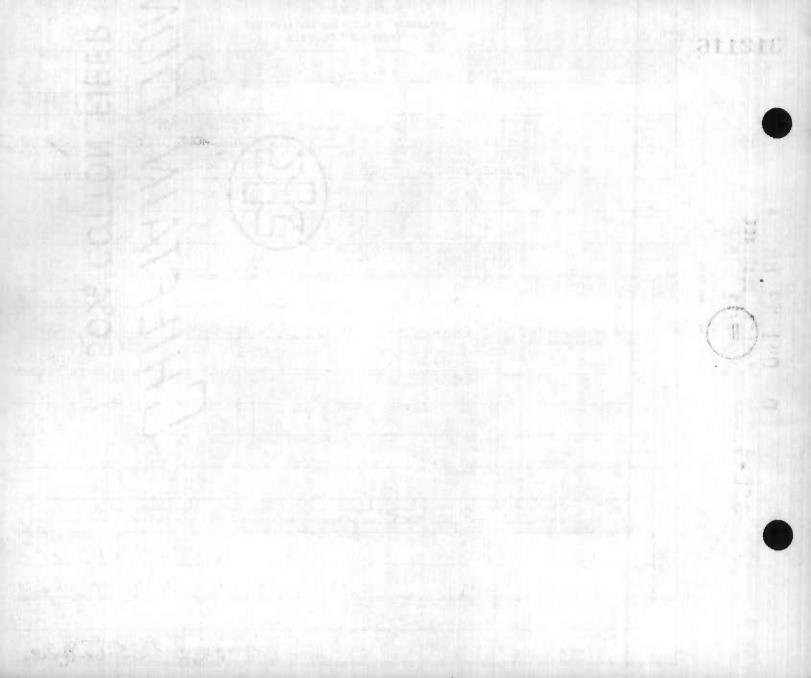
SINGLETON FUNERAL HOME, GLEN BURNIE, MARYLAND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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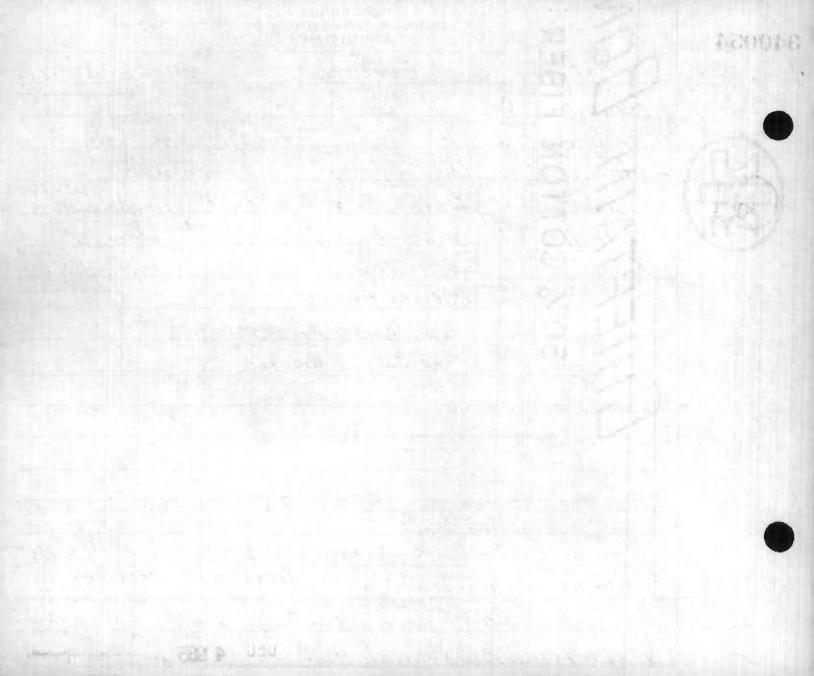
(VRA 15, 4)

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	.it	em #1 per F.H.	reb STATE OF MARYLAND
240054	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
340054		REGISTRAR	REG. NO.
/ 1 75		CEASED NAME FIRST	Samp Hell 20 Date of DEATH MONTH DAY YEAR 20 HOUR CHINESELL -011-26-85 6.50 P
4 moy the pos	1.58		4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Popular Popula	60	RIHPLACE INATIONES	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED SECTION OF WHAT COUNTY OF DEATH
1 11-12	Z	myland	UIS-IT, WIDOWED DIVORCED DAllimore CITY M
· 1139	1	Pollmore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOVIN SUCH FACILITY GIVE STREET ADDRESS) (TYPETOF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR MOST OF WORK FOR WORK F
Call of	わか	STATE UNIT USE COUP	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 1212/6 2403 Springdale Ave 3403 Springdale Ave
	IA. P.	THER SHAME	LAST LAST MOTHER'S MAIDEN NAME FUST MIDDLE TAST
od co	Tân.	VAS DECEASED EVER IN U.S. AR	INED FORCEST 166 SOCIAL SECURITY NO. 17, INFORMANY ADDRESS
ATIM	-	NO	216-24-3890 Vhr John Campbell 34035 fringlate HU
on page			ON ONE COURS DET THE TO 101, (b), and ICC. ARREST. APROXIMATE INTERVAL BY TWEEN ONSEL AND DEATH THE CAUSE TO 1
TON The second			DUE TO, OR AS A CONSEQUENCE OF MYDCARDIAL INFARCTION.
A the state of the	1	Conditions, if any, which gave rise to immediate couse or, stating the	DUE TO OP AS A CONSEQUENCE OF
M 105 with the polester or oth		underlying course last	CERBISTIAL ANOXIA
RDS.	NO.	PART 2: OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110
LI RECORDS LI RECORDS The libe requests Toperated The and price had been agone price had	TIFICATION	IN DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
Of VIII.	AL CERTIF	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH DAY YEAR
MATSK Memory Sor Memory	MEDICA	(IF EITHER NOTIFY MEDICAL EXAMINER	R) P.M. 19 21e PLACE OF INJURY 1ATHOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
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A PA O PA		226 SYGNATURE	DEGREE 270 DATESIGNED
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TO HOSPI equited by TO FUNES with the St	100		DRA R. 3/NGH.
ВР	230	SURVIA CREMATION, REMOVAL	12-2-85 GARTISON FORESTANDA BALLO. COUNTY MAIN
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	Seph Lik	USS 222 ADDRESS North Avg LEU 4 1985



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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	REG.	NO.		. 6.7	40		
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08	REGISTRAR		CEKI	IFICALE OF DEATH	REG. N	0.		
	I. DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2b F	HOUR
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8	1.5EX	4 RACE	1 1	E OF BIRTH	6. AGE (IN YEARS LAST BIR			NDER 24 HR
	Male)lack "	1 12 13	72	YRS	DATS HOL	URS MIN
470	74 BINTHPLACE FESTI CO	FOREIGN 76 CITIZEN C	OF WHAT COUNTRY? 8	RIFD NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH	
10	N.C	us	A WIDO		Daltimo	re cit	1	N
10	IN CITY OF TOWN OF D		OF HOSPITAL, NURSING HOM SUCH FACILITY, GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	12a USUAL OCCUPATI		KIND OF BUS	SINESS C
30	baltimore		Mercy Hospin	tal	Unemploy	red		
20	THE STATE	136 COUNTY	ON GIVE RESIDENCE BEFORE ADMISSIO	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		212
0	Md		Baltimore	YES NO	1804 6	v. Lafa	jette	Ave
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W	FODOT	B IN LLC ABUSE FORCES	Campbell	Martha	ADDRE		Powe	11
D D	ES NO OR UNKNOWN)	R IN U.S. ARMED FORCES	1				0	110 11
E F	NO		218-01-597.	Martha Car	npbell 180	y w. La	taye	TIC P
4	18 CAUSE OF DEA	WAS CAUSED BY:	per line far (a), (b), and ic.				APPROXIMATE BETWEEN ONSET	AND DEAT
	PARTIDEATH	IMMEDIATE CAUSE (a)	Gran ve	gartine se 7	513			
2				7				
-	Condition of		OR AS A CONSEQUENCE OF	11.14				
1	Canditians, if an		171974-163	Pier (1390)				
ž	couse (a), stat		OR AS A CONSEQUENCE OF		1.			
3		(c)	Chronic	. Revol to	acture			
ulbery.	PART 2 OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	PART Ira	
10	He DATE OF OPER	ATION 3 196 CON	NDITION FOR WHICH OPERAT	TION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE	E FINDINGS I	USED
14	THE DATE OF OPER				YES T NOT	IN CERTIFYING		OEATH?
17	210 ACCIDENT WAS U	NDERLYING 216. TIME	OF INJURY	21c HOW INJURY OCCUR				
103	OR CONTRIBUTING	CAUSE OF DEATH	A.M. MONTH DAY YEA	AR .				
ž /	21d INJURY OCCU		P.M. 1 DE OF INJURY	211 LOCATION				
1	NOIN	WHILE	STREET, FACTORY OFFICE, FARM ETC.)	STREET	CITY OR TO	WN (O	UNIT	STATE
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100	sow the deced	sed alive an	1-27 19.85	and that in (my)-ious) apinion			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
E .	abave, (I) (we)	tdid) (did not view the bo	dy after death.	DEGREE			c. DATE SIGN	
*	7	5/11/1	110	ATTENDING	MEDICAL STAF	FF .		
7-	22d PHYSICIAN'S	JAME (TYPE OF BEINT)	- MD	PHYSICIAN [DIRECTOR PHYSIC	IAN	11-29-	-81
1 1	/ PHISICIAIN SI		1		. 1 1 -	T		
2 /	Larry	D. Z.	elstem	3002 A.	(alvert =	· 3, 30	ald.	mo
-	230 BURIAL, CREMATION			F CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUN	Ty	STATE
	Buria	12/3/8	85 Arbutu	s Memorial Par				Md
7/B4	24 FUNERAL DIRECTOR		ADDRESS	250 DA	TE REC'D. BY REGISTRAR	25b REGISTRAR'S S	SIGNATURE	in loss
	William C	March F/H W	act 1300 Wahac	h Avonus	JEU 2 1989	المالية المالية	second and	- t line of lang

DHMH - 16 60M 7/B (VRA 15, 4)

Campbell Jr.	20. DATE OF DEATH MONTH DAY YEAR 2b HOUR NOVEMBER 2 1985 4:20 M 4:20 M 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR HOURS AIN. 7 4 YRS 1 SBALTIMORE CITY OR COUNTY OF DEATH
George A. Campbell Jr. 3. SEX Male White White July 3 1911 Md. U.S.A. Campbell Jr. S. DATE OF BIRTH MONTH DAY VEAR July 3 1911 MARRIED NEVER MARRIED WIDOWED DIVORCED	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER YEAR IN UNDER 24 HRS. 7.4 YRS. RALLIMORE CITY OF COUNTY OF DEATH.
Male White July 3 1911 Male White White Whate Whate White Whate White Whate Whate Widowed Divorced Divorced Widowed Divorced	74 YRS DAYS HOURS MIN.
Male White July 3 1911 → BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md. U.S.A. WIDOWED DIVORCED	74 YRS
Md. U.S.A. WIDOWED ☐ DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH
Md. U.S.A. WIDOWED ☐ DIVORCED ☐	
	Baltimore City MD
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	
Baltimore 2883 Pelham Ave.	(1796 OF WORK FOR MOST OF WORKING LIFE) Shop Foreman
USUAL RESIDENCE (IF NUTSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	Products
Md Baltimore YES NO D	13e STREET ADDRESS / ZIP CODE 2883 Pelham Ave. 21213
14 FATHER'S NAME 15 MOTHER'S MAIDEN N	AME ZIZIS
George A. Campbell FRSI Eliz	abeth Schatz
160 WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DAIES) 216-01-6108 Anne Cam	oboll (sife) some oddenos
	obell (wife) same address APPROXIMATE INTERVAL RETWEEN ONSE! AND DEATH
PART I, DEATH WAS CAUSED BY	
IMMEDIATE CAUSE (0) COLON CANCER	1 years
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which (b)	
cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last	
(c)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEL	MINAL DISEASE OR CONDITION GIVEN IN PART 110
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCU	20 AUGOSY3 TOP IF YES WEDE FINDINGS
196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
1 2 2	YES NO YES NO
HOUR AM MONTH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)
INFEITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
OR CONTRIBUTING CAUSE OF DEATH IN EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY WHILE AT WORK AT WORK	CITY OR TOWN COUNTY STATE
	to 11-2 19.55 that (1) (we) last
saw the deceased alive an 10-30 19 55, and that in (fix) (aur) opinic	n death accurred on the date and how and from the course stated

DHMH - 16 60M 7/84 (VRA 15, 4)

Dr. George Lowe 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial 11/5/85

724 PHYSICIAN'S NAME (TYPE OR PRINT)

226. SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY Parkwood

DEGREE

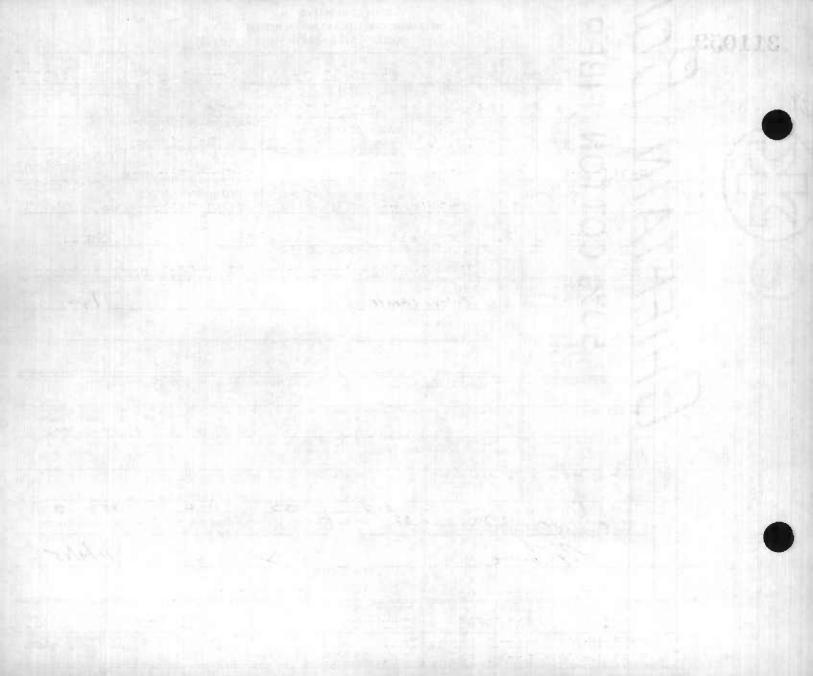
22e ADDRESS

3703 Belair Rd Baltimore

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Md.

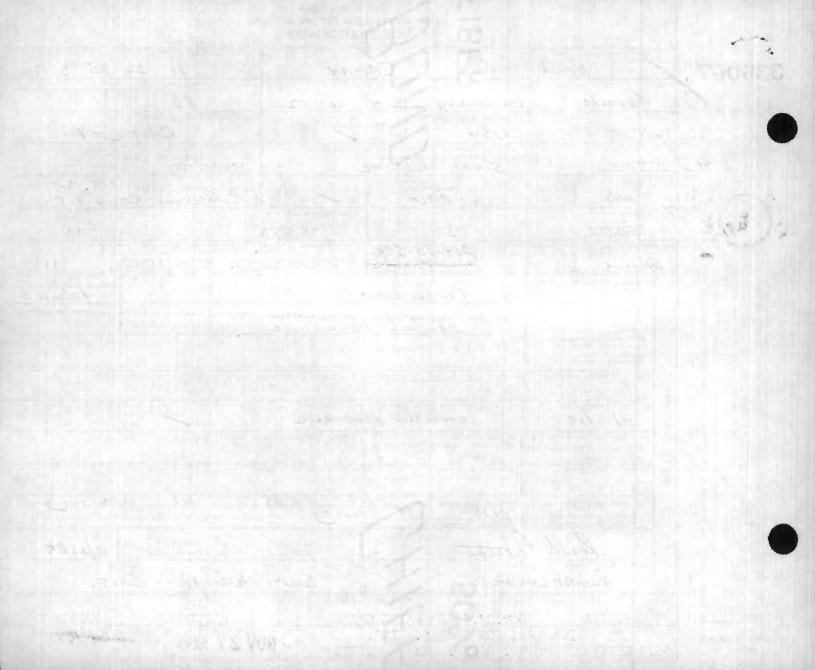
24 FUNSCHIEMUNEK Funeral Home Inc. 3331 Brehms Lane, Balto. Md. 21213



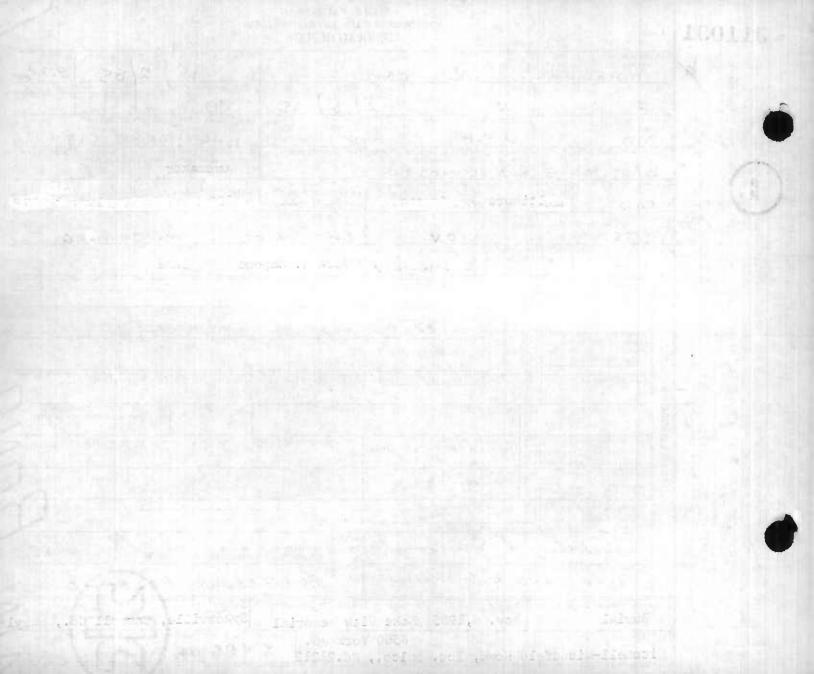
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1			C
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330051	1 -	FOR STATE REGISTRAR			DEPA		EALTH AND MENTA ICATE OF DEATH		NE REG. N	O.		
		CEASED NAME	FIRST		MIDDLE	Į,	AST	2	O. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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dire dire	10. B	RTHPLACE (STATE	OR FOREIGN		WHAT COUNT	RY2 8		9	BALTIMORE CITY O		Y OF DEATH	
Ser 22		Md.		IIS	,	WIDOWE	DIVORCE		BALTIMO	RE C	ITY	MD.
the further de withing		TY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NUI	RSING HOME C	ROTHER INSTITUTIO	N I	20 USUAL OCCUPATI	OF WORKING	LIFE) INDUSTRY	OF BUSINESS OR
by the		LTIMORE	INDIAN CHOUSE OF				R BALTIMO	ORE	Post Offi	ce Cl	erk Re	et.
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5 0 -		VAS DECEASED EV		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	I Office	ADDRE	ESS		
be execu an and c	(yes, no or unknown)	(IF YES, GIV	WAR OPDATES)	21703	7332	Mrs. Myrt	le V	Capilett	o Sa	ume	
ysicia aper wal.		18 CAUSE OF DE	ATH (Enter on	ly one couse pe	r lipe for yal, (b)	, and Ich	0 . /	10	20.		BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
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The ician.	RTIF	11/15	180	1	LNO	CA			YES NO	-	res 🗌	NO 🗌
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YSK fing s cer s cer Surio Meni	MEDICAL	21d INJURY OCC			.M. OF INJURY	19	211 LOCATION	-				
offence offence of the three three three of the three of three of the three of three	ME	WHILE NO	WHILE WORK		REET, FACTORY, OFF	ICE FARM, ETC)	STREET	18	CITY OR TO	WN	COUNTY	STATE
NDIR II ac Use a Vealt		22a I certify that	X) (this hospi	tal) attended t	ne deceased fro	om Oct.	26, 1985		Nov. 2		. 19 85	that(1) (we) last
Spite Spite CTO of H		saw the deci	ed alive an	Nov.	ofter death.	9 <u>85</u> . or	d that in (nK) (our) op	pinion dec	ath occurred on the d	ate and ha	out and from the	e causes stated
OR , ba		226. SIGNATURE	M	()			DEGREE				22c. DAT	ESIGNED
AL CAL Corte Date Date Date Date Date Date Date Da	١,	MI	N 36	W.	N			IAN	MEDICAL STAI DIRECTOR PHYSIC	IAN 🗌		
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Ç € Ç € ¥ ₹		URIAL, CREMATIC	N, REMOVAL	23b. DATE	1	3c NAME OF C	EMETERY OR CREMAT	TORY	23d LOCATION			
BP		Burial		Nov. 23	1985	Parkwoo	d		Baltimore	9	COUNTY	Id.
	24 FI	JNERAL DIRECTOR	22. 3		1	16 . 3	25	Se DATE R	REC'D. BY REGISTRAR		TRAR'S SIGNA	TURE
DHMH - 16 60M 7/84 (VRA 15, 4)	I	eomard J	. Ruck	Inc. Ba	lltimore	, maryl		101/	0 0 4005		undan-	
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311091	1.	FOR STATE REGISTRAR		DEPA	RTMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 5	3	0 6	0 2
poge 3		CEASED NAME FIRS		MIDDLE	CAPO	SH E		MONIH D 2	SS.	26 HOUR 9:73
Poge 4 r	70. B	RTHPLACE STATE OR FOREIG	N 75 CITIZEN	OF WHAT COUNTS	MONTH 2	16/95	9 BALTIMORE CITY O	. YRS.	OF DEATH	HOURS MIN.
funeral funeral	1	MD.	U III. NAME	SA. E OF HOSPITAL, NUR	WIDOWE	D NEVER MARRIED DIOROCED DIOROCHER INSTITUTION	BALTI 12a USUAL OCCUPATION 11ype OF WORK FOR MOST OF	ON	12b KIND C	TY MD
Do	13a		3 30>1	SECOLAS UTION GIVE RESIDENCE BE	FORE ADMISSIONS	134 INSIDE CITY LIMITS?	Homemake 13e STREET ADDRESS / 8132 Loci			21 20%
11/30		ATHERS NAME FIRST	MIDDLE	e Tows	10M -	15. MOTHER'S MAIDEN NA	WE	7.00	E MY UF	51
Total Control		VAS DECEASED EVER IN U.	S. ARMED FORC ES, GIVE WAR OR DA			Vera A. Cap	ADDRE	55		IMATE INTERVAL ONSET AND DEATH
quies that the death certific signed by the attending photos between the plants remove carban plants, certain	NO	Conditions, if any, whit gove rise to immedia couse (a), stating t underlying couse to	DUE T	O, OR AS A CONSE	QUENCE OF	- RES PURAT			N IN PART 10	0.
The for-	CERTIFICATION	190 DATE OF OPERATION		ONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	
HYSICIAN The nding physicion bis certificate his certificate his buriol-tronsit g a Mental Hygies or them 18 show	MEDICAL CEI	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 210, INJURY OCCURRED	OF DEATH HOU AMINER) 21e PL	ME OF INJURY IR A.M. MONTH P.M. ACE OF INJURY ME, STREET, FACTORY, OFFI	19	211 LOCATION	RED {ENIER NATURE OF INJUR		(OUNTY	STATE
TENDING Portor of the TOR: After the or use of the off Health and 21 is marked	×	WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this saw the deceased oli obove, (1) (we) (did) (certify that the deceased oli obove)	hospitol) ottend	ed the deceased tro	m	. 19	, to			that (I) (we) lost
TAL OR AT by the hosp RAL DIREC detoched state Dept.		224 PHYSICIAN'S NAME	no L.	Lung		ATTENDING PHYSICIAN [MEDICAL STAP		22c. DATE	SIGNED
TO HOSPITAL TO FUNERAL Should be dero with the Single IMPORTANT: H	22.	SERVILL	ANO	- GUNE			SE COUR 1734 LOCATION	HOS	PITA	
BP		BURIAL, CREMATION, REM		. 6,1985	Lake V	iew Memorial	Sykesville	e, Car	roll C	o., Mary
DHMH - 16 50M 4/B3 (VRA 15, 4)	1	uneral director itchell-Wiede	efeld Ho	me, Inc.		YORK Ka.	OV 05 1985	-4 (RAR'S SIGNAT	



333133 1- STATE 1/8/86 rja

STATE OF MARYLAND

CEPTIFICATE OF DEATH

REGISTRAR		CERTIFICATE OF DEAT	REG. N	0.					
DECEASED NAME FIRS	CAYETANO	LAST CARBON	E 20. DATE OF DEATH	MONTH DAY YEAR	YEAR 26 HOUR				
CA	ETANO	CARBON	F 11-24-	11-24-85					
SEX	4 RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIR	6. AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 H					
Male	White	April 5, 1914	71	YRS MONTHS DAY	S HOURS MIN.				
BIRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF WHAT COUN	MADDIED X NEVER MARR	ED Deltimo	Baltimore City Baltimore City M					
Baltimore	Good Samari	URSING HOME OR OTHER INSTITUTI STREET ADDRESS) Ltan Hospital	ON 120 USUAL OCCUPAT	DEWORKING LIFE 12b. KIND DEWORKING LIFE INDUSTR SYMPHONY CO	OF BUSINESS O				
SUAL RESIDENCE OF NURSING HE IS STATE Iaryladn	Baltimore Bal		MITS? 136 STREET ADDRESS 6140 Mor	ZIP CODE	21239				
Salvador	MIDDIE LAS	rbone Maria		Ferr	igno				
WAS DECEASED EVER IN U.	CONTINUE OF COURT	SECURITY NO. 17 INFORMANT Charlot	te Carbone, Sam		1239				
PART 2 OTHER SIGNIFIC 9a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYED	ant conditions <u>contributing</u>	TO DEATH BUT NOT RELATED TO T		IDITION GIVEN IN PART 20b. IF YES, WERE FINE IN CERTIFYING CAUS	DINGS USED				
			YES NO	YES [
21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX. 21d INJURY OCCURRED	OF DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	OCCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2	n				
WHILE NOT WHILE [(AT HOME STREET, FACTORY OF		CITY OR TO	OWN COUNTY	STATE				
278.1 certify that (I) (the saw the decord of above, (I) the (dight) 278.5 Signature of the Physician's Name	did not very the body offer death	OF CLIFFE ATTEN PHYS 72 ADDRESS	opinion death accurred on the disciplina of the disciplination of	FF CIAN [TE SIGNED				
Leopoldo BURIAL, CREMATION, REMO		23c NAME OF CEMETERY OR CREM		Hasen, Ha.					
ISPECIFY) Bruial	11-26-85	Parkwood Cemeter	CITY OR ADWING	lle, Balto.	Marylah				

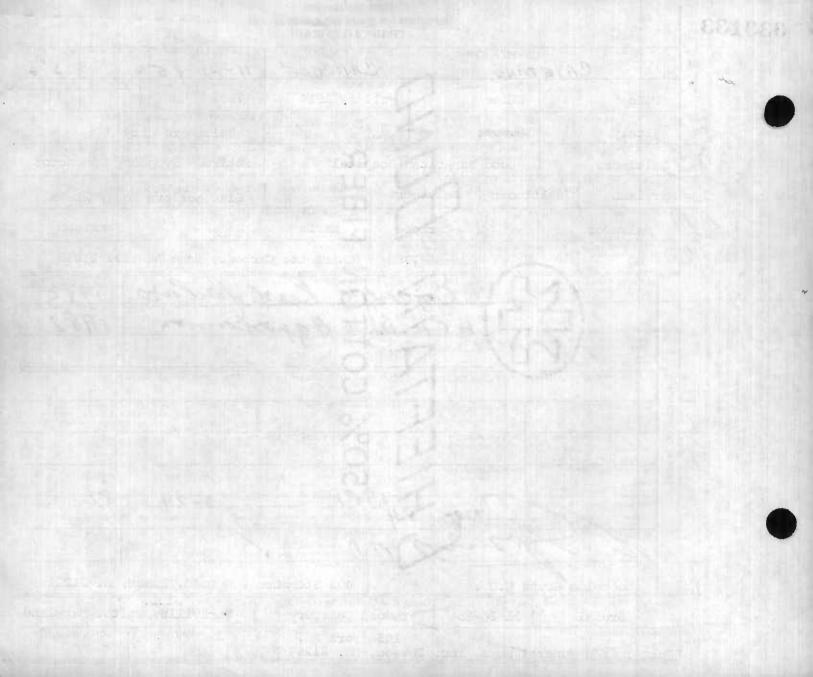
DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

(VRA 15, 4)

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

1050 York Rd 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND FOR STATE REGISTRAR CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250							T	KLO. INC			1			
	ASED NAME	FIRST		MIDDLE	-	LAST	2a. DATE O		HTHOM	DAY YEAR	26 HOUR			
Claude			Carr			Nevember 28, 1985 4:								
SEX 4 RACE			RACE		S. DATE O		& AGE (IN	YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR				
Male			Black		MONT		4.7		YRS	MONTHS DATS	HOURS MI			
BIRTHPLACE (STATE OR FOREIGN 76 CITIZE		CITIZEN OF	ITIZEN OF WHAT COUNTRY?		06 1942	19 BALTIMO	ORE CITY OF	TY OF DEATH	DE DEATH					
COI	UNTRY)	1	CHIZERVOI	WHAT COOK INC.		D NEVER MARRIED								
Maryland U. S.			5. A.	. A. WIDOWED DIVORCED X			Baltimere City							
CITY	OR TOWN OF DEA	11		HOSPITAL, NURSIN THEACILITY_GIVE STREET		OR OTHER INSTITUTION		OCCUPATION OF THE PROPERTY OF			OF BUSINESS			
Baltimere Marylan		nd General Hospital			Payroll Administrator- Balto									
UAL	RESIDENCE (IF NURSI	LE COUNTY				A LOLD DE CUTY LIVE TOO		ADDRESS /		513 Ro	bert S			
	aryland	COUNT	Name and Address of the Owner, where	Baltim		13d. INSIDE CITY LIMITS?				UL	21217			
	HER'S NAME			Darcin	010	15 MOTHER'S MAIDEN NA		Imoro	1102	Lyland	2121/			
	FIRST	MID		LAST		FIRST		MIDDLE		D 2 4 - 1	51			
	Ewell		J.		Carr Bessie				Mae Ridgley					
	AS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	JRITY NO.	17 INFORMANT		1 Lens						
	Yes	62 -	68	220-36-5	098	Valeria Fick	lina	Baltin	nore.	, Maryla	nd 212			
L	underlying couse PART 2 OTHER SIGN			denal Fai		NOT RELATED TO THE TERM	AINAL DISEAS	E OR CONE	ITION C	SIVEN IN PART 1	O			
	Anemia													
		TION FOR WHICH OPERATION WAS PERFORMED			20e AUT	INGS USED								
Anemia 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING							YES	YES NO YES NO						
12	In. ACCIDENT WAS UND	ERLYING	216. TIME C			11c. HOW INJURY OCCURE	RED (ENTERN	ATURE OF INJUR	Y IN 11EM 1	8 PART I OR PART 2)				
(OR CONTRIBUTING			M. MONTH D.										
2	INJURY OCCUR		P.	M. OF IN HIPY	19	211 LOCATION								
- 11	WHILE NOI WH			REET FACTORY OFFICE, P	ARM ETC)	STREET		CITY OR TOV	VN.	COUNTY	STATE			
Α	I WORK - AI WOR	7 L												
2	20.1 certify that XC	(this hospital	attended th	e deceased from	SAcu	ber 2, 19 65				8 p 1985				
	above X (we) (d	lid) (XX of)	riew the bady	after death.	05,0	nd that in (rgr) (our) apinion (death accurre	ed on the do	te and h	our and from the	causes stated			
2	76 SIGNATURE	11 .	17			DEGREE				22c DATE	SIGNED			
	dhenas	parre	Dar	- Cu		20 ATTENDING PHYSICIAN	MEDICAL			11/	28/25			
2	26. PHYSICIAN'S NA	ME TYPE OR PI	RINT)	0	- 1	22e ADDRESS	DIRECTOR	- FITTSIC	COLUMN TO SERVICE SERV	1	70			
	Thomas	Harri	r fra	nev		c/e Maryla	one Ma	mancl	He					
	11/01/00	114111	0 0 0	10 -/					Tro.	PATENT				
	RIAL, CREMATION,		23b. DATE			EMETERY OR CREMATORY		ATION		COUNTY	STATE			
	Cremati	nn	12/03	11985 5	ecuri'	ty Process Ir	20		Rall	imore	Maryla			

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FNUTCHE PEC & Sons Funeral Home, Inc. 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Think wandcon-blanc

deletery learns belletency lyndrams

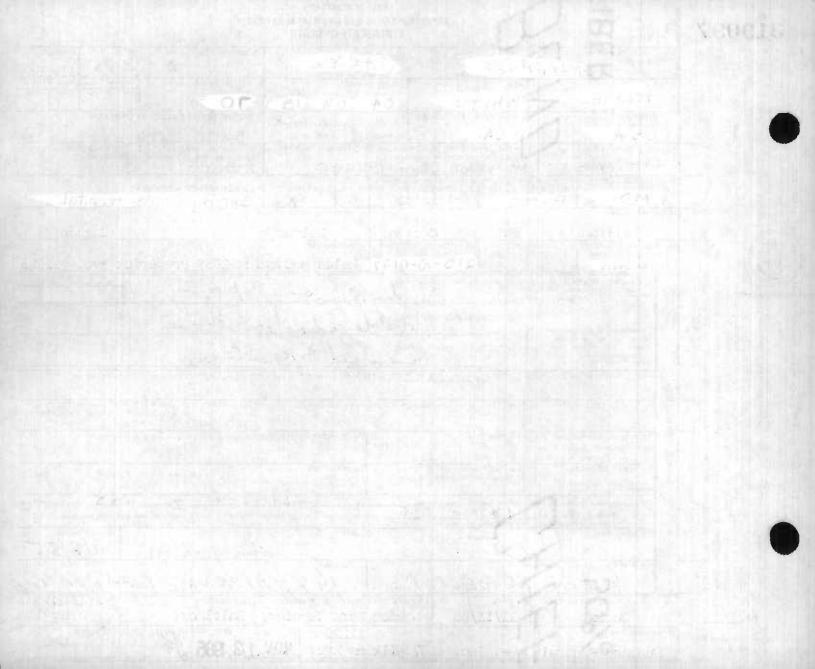
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319097	TOR 1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									3 3			
	I. DECEASED NAME FIRST			MIDDLE LAST			LAST .	141 101	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	
moy be people 3	(TYPE	ORPRINT) MA	RGARE		A.		RSON	A VI		11	8 85	11:55AM	
6 0.0	3. SE	X	4 RACE		5. DATE	OF BIRTH	YEAR	6 AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	HOURS MIN.		
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Po Po Po		RIHPLACE (STATE OF FO	DREIGN 7	L CITIZEN OF	WHAT COUN	TRY? 8	ED NEVER M	ADDIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH		
orth or 72		Maryland	UU.S.A.		WIDOW		ORCED [Batto.	1	MD.			
d d d	10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL, NURSING HOME OR (OTHER INSTITUTION 120 USUAL OCCU					
s office by the filled v		att i More		Mt. Veron Car			enter		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hatmaker				
212		AL RESIDENCE (# NURSIR	13b COUN		136 CITY OR		1 13d INSIDE CI	TY HAITS?	13e STREET ADDRESS	/ 71P COD	F		
MORE MARYLAND 2 Maryland within 24 ho and dempletely filled in Poges oned 2 should be nedical examiner must be	1.5	ryland	Bart	P	Balti			NO X	445 S. Be			21223	
YLA thun thun 2 sh	_	THER'S NAME						MAIDEN NAM	/E	2337			
MAN Moon	Willia		MIDDLE S.		LAS	Carson		elena	MIDDLE		Car	son	
W 50 3 18 0	16a. \	VAS DECEASED EVER I	N U.S. ARA			SECURITY NO.	17 INFORMAL		ADDR	ESS	Cal	5011	
Q 17 3 10 0 19		YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	201 E-1	0-6197	Holon	McCorm	ick 2659 F	rodor	ick Avo	. 21223	
	2	n KnoNO.					neten	MCCOLII	ICK 2039 F	reder.		CMATE INTERVAL ONSET AND DEATH	
BA Syssem		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY:								BETWEEN	ONSET AND DEATH		
ST.		IMMEDIATE CAUSE 10)											
oth corp. or	N	DUE TO, OR AS A CONSEQUENCE OF											
deo deo atte		Conditions, if any, which gave rise to immediate											
the the remember the		cause (a), stating the DUETO, OR AS A CONSEQUENCE OF											
that that that sose ol, c		underlying cause last (c) (chiledepth Attended)											
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST OFFICIAL: The law requires that the death cert officer this carrifacte has been signed by the attending of the buriof-transit permit. Then please remove corbot th and Mental Hygiene prior to buriol, cremation, or required or them 18 shows any injury, or ather traumatic ex	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										(0)	
0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	CERTIFICATION	190 DATE OF OPERAT	ION	ON 19% CONDITION FOR WHICH O			OPERATION WAS PERFORMED		20a AUTOPSY?	S, WERE FIND	NGS USED		
REC los b	FIG	THE DATE OF CIENCE								IN CERTIFYING CAUSES OF DE			
TAL The most property of the house property	E	71a. ACCIDENT WAS UND	FRITING	21b. TIME C	DE IN ILIRY		171r HOW IN	IURY OCCURR	ED (ENTER NATURE OF IN)			NO []	
Physical Hron in 18 m 18		OR CONTRIBUTING C		110000	M. MONTH	DAY YEAR	2	our occoun	En (Enter Marone or 1997	OKT WONEST TO			
SIC	MEDICAL	(IF EITHER NOTIFY MEDIC			.M.	19	21f. LOCATIO	NA I					
SIO PHY Physical Phys		WHILE NOT WHI			OF INJURY	FFICE, FARM, ETC.)	STREET	// \	CITY OR T	OWN	COUNTY	STATE	
NG NG Ster of the orke		AT WORK AT WOR	K					9-1-	110.7	<i>F</i> 7	7)		
Z - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	100	220 I certify that (I)		4.000	he deceosed f	24 6		_, 19_0_		3	, 19_8	that (I) (we) last	
OR ATTE e hospite DIRECTO oched for Dept of them 21		saw the deceased alive on											
		276 SIGNATURE DEGREE 276 DATE SIGNED											
Al the		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 11/								8/85.			
HOSPITAL ned by the FUNERAL sid be det othe Store		22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS											
		KUB	EN	REIL	ART.	1.P_	74	45-1	AFURNAC	E BI	CANCAT	RA Cley	
δ		BURIAL, CREMATION, I	REMOVAL	23b. DATE		23c. NAME OF	CEMETERÝ OR C	REMATORY	236 LOCATION		COUNTY	2106.1.	
BP		Burial		11/1:	1/85	Loudon	n Park C	emetery	Baltimor	e	COUNTY	Maryland	
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR					21229	25e. DATE	REC'D. BY REGISTRAL	R MA REGIS	LRAR'S SIGNA	TURE	
(VRA 15, 4)		Hubbard Fur	eral	Home,	Inc. 4	107 Will	kens Ave	. NOV	12 1985	1	in such -	andreal	



23c. NAME OF CEMETERY OR CREMATORY

FUNERA old be de IMPORT/ BP. DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 11/23/85 Eastview Cemetery 24 FUNERAL DIRECTOR William C. March F/H West 4300 Wabash Avenue

23b. DATE

230 BURIAL, CREMATION, REMOVAL

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

Baltimore

23d LOCATION

26 HOUR

126 KIND OF BUSINESS OR

BETWEEN ONSET AND

YES [

COUNTY

COUNTY

Jh. DATE SIGNED

IF UNDER 24 HRS

18,85

INDUSTRY

370056 S. OF WORK 1 Chiefel palacher Libral Congressive sheard Harries Leville William 351 products Again a proud the building well the

31605% Advantage of the same

BP.

DHMH - 16 60M 7/8 (VRA 15, 4)

331061

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. N	10.	
7	1. DEC	CEASED NAME FIRST OR PRINTS Mildred	WAR	(arter	20 DATE OF DEATH	21. 1985	9 A.
8	3. SE)	Female	RACE White	5. DATE OF BIRTH	A V')	rihday) IF UNDER LYEAR MONTHS DAYS YRS.	
3	C	Md-	U.S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BAltin	DR COUNTY OF DEATH	L MD.
0	B	Altimore	4 EAST 32	na 5t.	N 120 USUAL OCCUPAT		DF BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOME OR O		RE YES NO [4E.	32nd St.	21218
o		Bradley	WARD		ADDR	5 hack	ER
1			ED FORCES? NAR OR DATES) 215 10 0	892 RUH B	1 - 51	resville D	2/-
		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE		Cardia	c Arrest	BETWEEP	XIMATE INTERVAL N ONSET AND DEATH
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	y Arty I	lesei	
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	196 CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
9		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	CCURRED (ENTER NATURE OF INJU	YES	NO 🗌
1	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FA		CITY OR TO	YINUO OUNTY	STATE
		22a I certify that (I) (this haspital saw the deceased alive an above, (I) (well (and) (did not)). 22b. SIGNATURE	9 1 23	25 , and that in (my) (pur) or DEGREE		late and hour and from th	, that (I) (polast e couses stated E SIGNED
1		22d PHYSICIAN'S NAME (TYPE OR F	J. The Har	ATTENDI PHYSICI	ING MEDICAL STA	FF CIAN 11	22/85
1	23a B	BURJAL, CREMATION, REMOVAL	23b. DATE DE N	3300 CM	West St. BM	to. Md.	
		Burial JNERAL DIRECTOR	11-25-85	cringfuld Cemte	Lybert	4 CAPTULE PER REGISTRAR'S SIGNA	Ma.
4	24.10	Hanny W. Haio	ht Suberville	MY 1784	NOV 25 100E	REGISTRAR'S SIGNA	TORE TORE

PRESTON ST. BALTIMORE, MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTI	FICATE OF DEATH	. REG. NO.			
1		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOU	JR
		Helen	Hopkins		asey		1985		M
2	1,56	X	4 RACE	S. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY		R 24 HRS. MIN.
		Female.	White		ember 24,1897	87 YE	The second secon		
L		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH		
\sim		Mrl.	USA	WIDOW		Baltimore Cit	tu		MD.
3	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		OF BUSIN	ESS OR
9		Baltimore	Long Green N	Jursina	Home	Ret. School T	eacher		
1		AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION GIVE RESIDENCE BUNTY		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	ODE		
50	1000	Ven C			YES AND DE CITY LIMITS?				
-	14.77	Md. ATHER'S NAME	I Bal	timore	15. MOTHER'S MAIDEN NA	1 4309 Arabia	Avenue	21214	
	17157	MALT.	MIDDLE LAST		FIRST	MIDDLE		LAST	
0		Samuel .	Hopkin	Q	Lucy	Snears			
		WAS DECEASED EVER IN U.S. A		SECURITY NO.	17. INFORMANT	ADDRESS			
		no	214-44	0-5275	Me Kathloon	Casey 205 Pow	ell Ave	מוומ	-
	240	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE	(2 SC U	AINAL DISEASE OR CONDITION	GIVEN IN PART	1(a	
9	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	ON WAS PERFORMED		YES, WERE FINE RTIFYING CAUS		TH?
5	1555	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		DAY YFAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM			
F	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	LAIR .	19					
Ы	ă	21d INJURY OCCURRED	21e PLACE OF INJURY		TII LOCATION	^	-0.1		
i	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFF	FICE FARM, ETC.	9/1	11-0	de		MAIR
		27x.1 certify that (i) (this has	oit t) attended the deceased in		16/19		1000	that (1) (111 TOP 1 TOP 2 TO 1
74		sow the deceased alive o	at view the body after leath.	9 0	nd that in (my) (aur) apinian	death accurred an the date and	haur and fram th	ne coloses st	ated
		1109	Elbruck ,	MI	DEOREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	19	ner	85
I		STEPHYSICIAN SAME (TIME	1		22e ADDRESS		11	1	
		Dr. William G	Helfrich		5006 Roland	Avenue Baltimo	ore, Mar	yland	
		BURIAL, CREMATION, REMOVA		23c NAME OF	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	5	STATE

Druid Ridge

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. 5305 Harford Rd.

Pikesville

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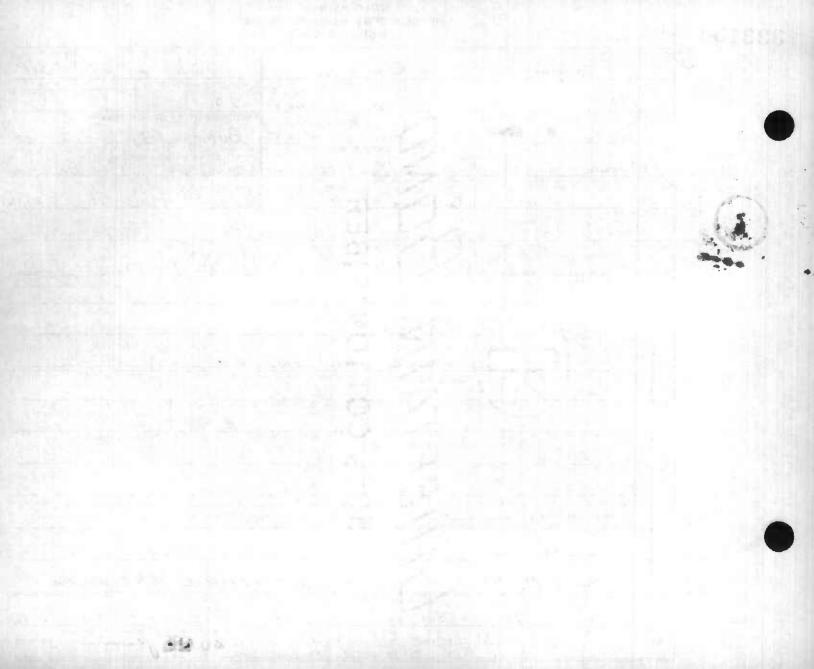
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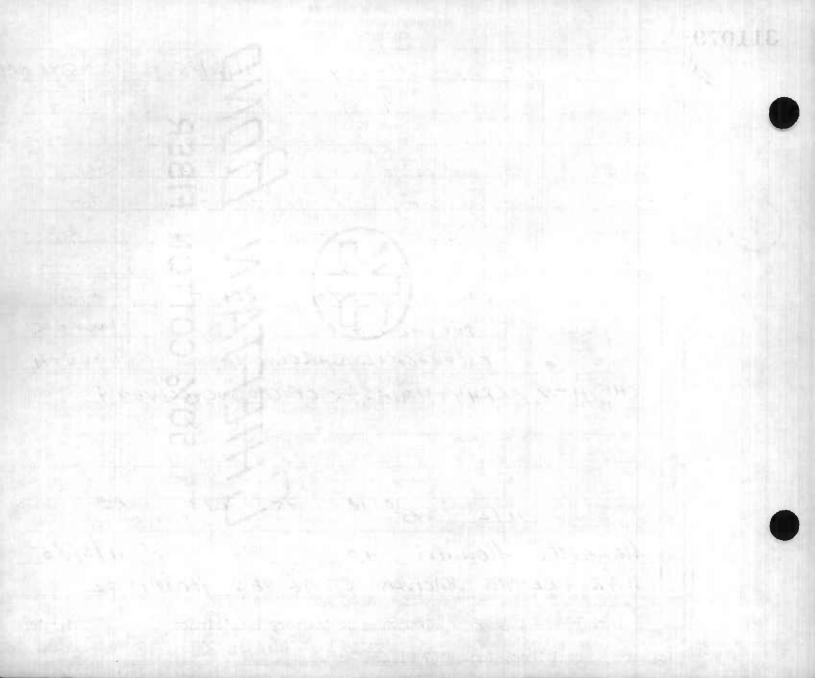
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eoth. Po in 72 hou	70 E	IRTHPLACE (STATE OR FOREIGN COUNTRY)	Grece	RY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED D	Baltimore City C	C'Zy	MD.
softer of the full with filed with	10.0	Bultimore	11. NAME OF HOSPITAL, NU CIFNOT IN SUCH FACILITY GIVES Francis	rsing home or other institution refer address) Ht Key Med. Cen	120. USUAL OCCUPATION OF THE OF WORK FOR MOST OF		of Business or TRY
AND 2120	E 130.	AL RESIDENCE (IF NURSING TOME OR STATE	OTHER INSTITUTION, GIVE RESIDENCE OF THE STATE OF THE STA	TOWN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	Tolna St	treet 21224
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RDS, 201 W. PRESTON ST., equires that the death certific is signed by the attending ph. Then please remove corbang to burial, cremation, or remoniquery, or other traumatic ever	NO	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSI DUE TO, OR AS A CONSI DUE TO, OR AS A CONSI CO	POSIS FOURNCE OF	MINAL DISEASE OR CON	DITION GIVEN IN PART	T 1(o)
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MVISION JG PHYS offendin iter this c ss the bur h ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	PICE, PARM ETC.) 21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
ATTENDIN ospitol or ECTOR: Af of for use of t of Healt		22a. I certify that (1) (this hospi		om, 19	, to, to		that (I) (we) last
the hore to DIRE		22b. SIGNATURE	MO		MEDICAL STA	FF /	ATE SIGNED
TO HOSPITAL retoined by il. TO FUNERAL should be det with the Store		Phn J. 1	nk no		Les Mes Centa	4940 Easte	in the
BP		BURIAL, CREMATION, REMOVAL	81-25-85	23. NAME OF CEMETERY OF CREMATORY	Baltim	ore Balty	more MD
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4	ofte			14777				MONT		YEAR			MONTHS DAYS	HOURS MIN	-
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9	11	100	Usu	AL RESIDENCE HE NURSI		OTHER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION					-	Emp.	-
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9 c	per	+	품								VEC I		IFYING CAUSE	S OF DEATH?	
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o o	se o	Ē		22a I certify that (I)	(this hospite				118	19.05		13	19 5	that (1) (we) last	-
ortal	T L	2		saw the decease above, (I) (we) (d	d alive on_		2 19	P5.0	nd that in (my)	(our) apinion (death occurred a	n the date and ha	ou and from the	couses stated	
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	- v >	_	23a E	URIAL, CREMATION, I	REMOVAL	23h DATE	2:	RAME OF	EMETERY OR	CREMATORY	23d LOCATIC		COUNTY	STATE	
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			24 61	INICIAL DIRECTOR						101 00	Dr.CID DV Dr.CI	CYPADAR BEOM		- CKLL Y LO	LUL

Hubbard Funeral Home, Inc. 4107 Wilkens Ave

DHMH - 16 60M 7/B4 (VRA 15, 4)

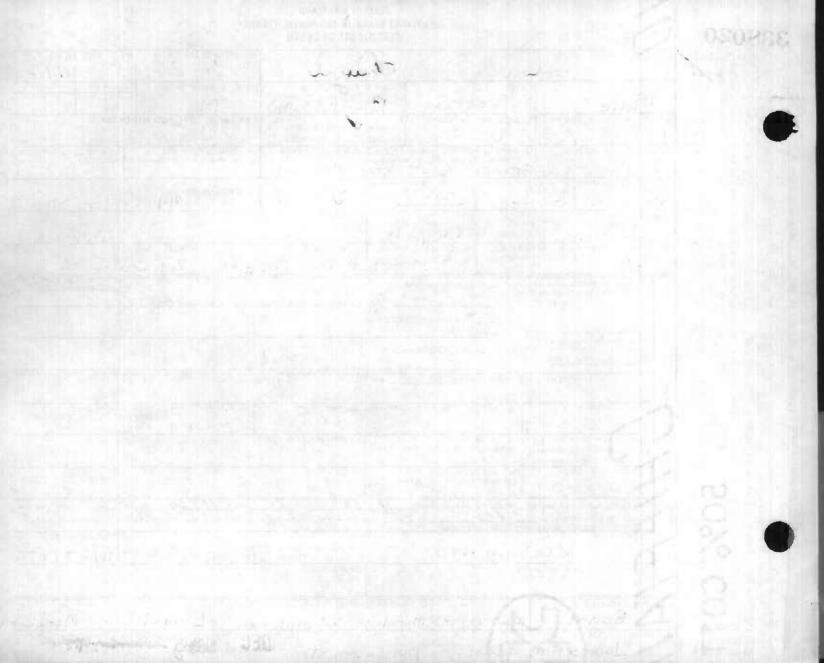


7450 /	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	6 4 2
7178 x		CEASED NAME FIRST OR PRINT) MILDRED	MIDDLE	CHAPMAN	28. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR 4:25AM
ctor pod	3 SE	F	A RACE NCARO 76 CITIZEN OF WHAT COUNTRY?	5. DATE OF BIRTH MONTH 05 - 09 - 16 8	6 AGE (IN YEARS LAST BIRTHDAY) 6 7 YRS 9 BALTIMORE CITY OR COUNTY C	UNDER I YEAR IF UNDER 24 HRS
(6)	10 CI	TY OR TOWN OF DEATH	2. S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCES INSTITUTION	BALTIMORE CIT	
	13a S	TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE LITY 136. CITY OR TOWN MIDDLE LAST	ADMISSION)	13. STREET ADDRESS / ZIP CODE 4521 Homes	# 2120 Rooks
on and resecutive. So Pages		VAS DECEASED EVER IN U.S. AR/ YES SO GRUNNOWN) (IF YES GIVE	WAR OR DATES)	17 INFORMANT 8.3980 William	Chapman 4	1521/tomen
ot the death certificate y the attending physic se remove carbonpage cremation, or removal ither traumatic event, th		PART I. DEATH WAS CAUSED	ly one couse per line for (a), (b), and D BY E CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	Cardiop: Immary a	(staphuloeporal)	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
been signed b mit Then plea: prior to buriol, any injury, or o	CERTIFICATION	PART 2 OTHER SIGNIFICANT C		EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	WERE FINDINGS USED NG CAUSES OF DEATH?
SICIAN The land physician. certificate has and-transit per tental Hygiene tental Hygiene	MEDICAL CERTIFIC	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	Y YEAR	YES NO YES	NO
NDING PHY Is a catter this use as the bu Health and M Is marked or	MED		21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA	11/21 19 85	CITY OR TOWN	COUNTY STATE
HOSPITAL OR ATTE		saw the deceased glive on above (1) well did not 22b. SIGNATURE	() view the body ofter death.	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	276 DATE SIGNED
TO HOSPI Tetorned by Should be with the Si		SURIAL CREMATION, REMOVAL SPECIAL A JUNETAL DIRECTOR		AME OF CEMETERY OR CREMATORY RAUTUS Mem 1 250 DATE	23d. LOCATION CITY OF THE COLOR	COUNTY MAID RES SIGNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)	1.	4	29 N- Caralina	st. NO	V 29 1985	and some fartale.

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338020	1	POR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
/	LDE	CEASED NAME FIRST	MIDDLE	t.	AST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR				
a 31 A	(118)	Gord	2	Ch	appell	11-20	-85 11 PM				
2 / 8	1.5€	X X	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY					
1 15	10	Male	Negro	MONTH 12	12 1910	74	MONTHS DAYS HOURS MIN.				
o 41 10-		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8.	_/	9. BALTIMORE CITY OR CO					
· 15 15 15	11	country)	USA	WIDOWE	NEVER MARRIED DIVORCED	CITY					
	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE			12a. USUAL OCCUPATION	MD. 12b. KIND OF BUSINESS OR				
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BALTIMORE, MARYLAND 21201 cote be executed within 24 hauges varion and completely filled in by upers. Pages Pand 2 should be files wol. it, the medical exyminer mustbe both.	USU 130.	AL RESIDENCE LIF HURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS					
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rithin 2 sk	14. Fz	ATHER'S NAME	MIDDLE LAST	,	15. MOTHER'S MAIDEN NA	AME	* 1.457				
W 7 13/15/C		Joshua	Chai	mell	FIRST		Williams				
ORE,		WAS DECEASED EVER IN U.S. AR		CURITY NO.	17 INFORMANT	ADDRESS					
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or o			(c)								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., OR PHYSICIAN. The law requires that the deoth certifuter this carificate has been signed by the ottending playstrians permit. Then please remove corbonate on the buriol-transit permit. Then please remove corbonate on Mental Hygiene prior to buriol, cremotion, or removed or hem 18 shows any injury, or other traumatic even	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION	ON GIVEN IN PART TIO				
ECO Dese	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION	WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?				
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VII. Ti hysici ronsi Hygi 18 sh	1 8	210. ACCIDENT WAS UNDERLYING		DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART 2				
N OF VIII	3	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR							
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VISI One of the one of	3	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE				
After Mort		220.1 certify that (I) (this hospit	tal) attended the deceased fro	m ///	13 10 80	11/26					
ATTEN Spitol CTOR: of He of He		saw the deceased alive on above, (I) (we) (did) (did no	1. / . /	man 1	d that in (my) (our) opinion	death accurred on the date o	nd hour and from the causes stated				
RECT Pred from the fr		obove, (I) (we) (did) (did not 22b. SIGNATURE	t) view the bady after death.		DEGREE		22c DATE SIGNED				
0 8 0 80 =		W1.	Jood mp	1	ATTENDING	MEDICAL STAFF	= 11/2-12-				
HOSPITAL med by th FUNERAL old be deter of the Store	1	220. PHYSICIAN'S NAME (TYPE O			PHYSICIAN [22e. ADDRESS	DIRECTOR PHYSICIAN	11/27/85				
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TO HOSPITAL retoined by t TO FUNERAL should be det with the Stote											
		BURIAL, CREMATION, REMOVAL	1 1		METERY OR CREMATORY	23d. LOCATION CITY OR JOWN	COUNTY STATE				
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DHMH - 16 50M 4/B2	24. F	UNERAL DIRECTOR	_ ADDRE	is .	25a DA	PAGE D. BY REGISTRAD 211	REGINERAL SSIGNATURE				
(VRA 15, 4)		James A m	Jan on 1º19	0-11	uron st	TO HOOTH					

STATE OF MARYLAND



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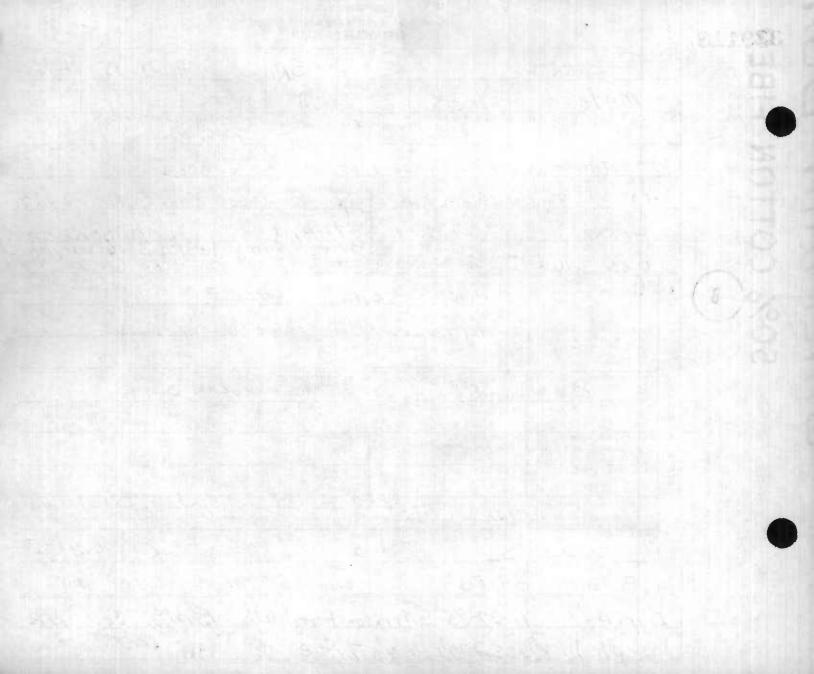
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	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

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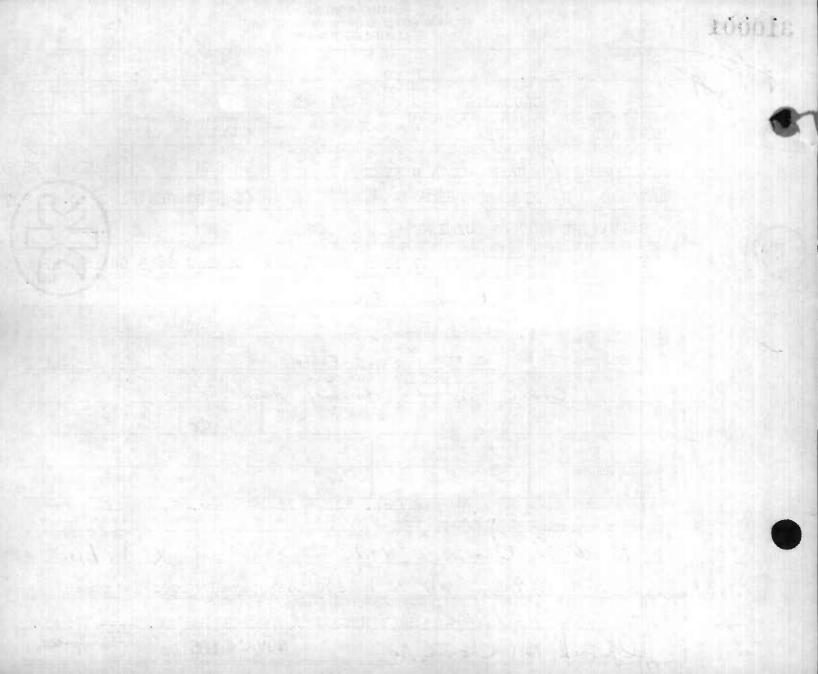
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9118/	- STATE REGISTRAR	DEI ANTI	CERTIFICATE OF DEATH	REG. NO	D.	4
10	ECEASED NAME FIRST PE OR PRINT) CARRO	MIDDLE	CHESLEY SR.	20 DATE OF DEATH	MONTH DAY YEAR 21	7-50 M
3 Si		Black	5. DATE OF BIRTH MONTH OAY YEAR	6 AGE LIN YEARS LAST BIRT		OURS MIN.
70 l dree	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED MINEVER MARRIED		R COUNTY OF DEATH	
0 2	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			ON 126 KIND OF E	MD. BUSINESS OR
r e e la	BALTIHOFE UAL RESIDENCE (18 NURSING HOME O STATE 138 COU		ADMISSION)	RETIRE 13e STREET ADDRESS /		
d 2 shoul	FATHER'S NAME	MIDDLE LAST	DRE YES NO D		ERRYLAND,	2620
de 0 16a	HARRY WAS DECEASED EVER IN U.S. AI	CHESCO RMED FORCES? 166 SOCIAL SECU	EY THATY	any cheery	Johnson Ey 3200 Che	217.
	(YES NO OR UNKNOWN) (IF YES G	WILL 22005	2583 CHART, 80	WIH BALTI	MBRE GENER	
(B)	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	inly ane cause per line far iai, ibi and ED BY: ATE CAUSE (a) CARDIO =	PULHONARY A	CREST	BETWEEN ON	TE INTERVAL
by the att ise remove cremotio other froun	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) ARTERIO DUE TO, OR AS A CONSEQUE	SCLEROTIC CARD	io UASCUCIAR	2 DISEAGE	
Then plect to buriol injury, or injury, or		conditions CONTRIBUTING TO D	PERIPHERAC U		DITION GIVEN IN PART TO	
ystion cote has been sig onsit permit The Hygiene prior to I 8 shows any injuit	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	S USED F DEATH?
E 15 15 15 15 15 15 15 15 15 15 15 15 15	? TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	21t. HOW INJURY OCCURE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
ter this certification of the burial-in and Mental riked or them	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET FACTORY OFFICE F	ARM ETC.) 211 LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
TOR Affor use of Health	saw the deceased alive of	n 11/2/ at) view the bady after death.	11/20, 19.85 , and that in (my) (our) opinian of	death occurred on the da		ot (I) (we) last uses stated
DIREC oched Dept f Bem	THE SIGNATURE BOOK	In view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		A property
7 5 5						
FUNERAL WIDE Store of the Store of TANT.	BASS IM		22e ADDRESS			
A Short	BUBIAL, CREMATION, DEMOVA	BADRO 23CD 23CD	22e ADDRESS		GENERAL HO	

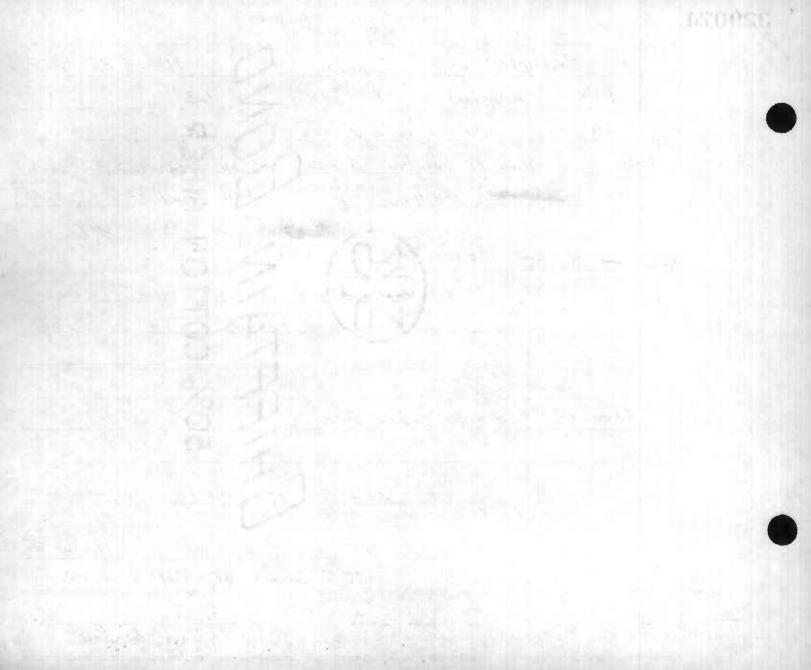


9071	1.	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5 3	0 0 4 /
3011		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	OF LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
off of	13.00	Alm	a R	Christopher	11	26 85 10
poge 3	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE LIN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
offe.	0 32		11/		AGE (IN TEAMS LAST SIKINGAL)	MONTHS DAYS HOURS
5 5	1	SAME	HITS	MONTH PAY 96	1 87 YR	S
2 871	7a B	IRTHPLACE (STATE OF FOREIGN)	16 CITIZEN OF WHAT COUNTRY	? B	9 BALTIMORE CITY OR COU	NTY OF DEATH
200	10	ARYLAND	11.50	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO CITY	
300		ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL NUIDS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	Transpire of all property
011	V	3,1+	(IF NOT IN SUCH FACILITY, GIVE STRE		TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINES:
20	1	17411.	Muson Flore		AT HOME	
107	(SI)	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO			DDE 21234
139	000		- a Dook :		136 STREET ADDRESS / ZIP CO	
1	-	ARYLAND IBAL	TIMORS I PARKVI	IS. MOTHER'S MAIDEN N	18805 VickTo	DRY AVE.
132	11	FIRST	MIDDLE	13. MOTHER'S MAIDEN N.	MIDDLE	LAST
122	V	THOMAS	SVANS	BSIL		BEAD
8 /		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	
medico	1	YES NO OR UNKNOWN) TIF YES G	IVE WAR OR DATES)	Family	Per- sos	
-				3939 FAMILY	RELOROS	
oval		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	only one couse per line for (o), (b), o	and (c)		APPROXIMATE INTERV BETWEEN ONSET AND D
emaye				Immore Arest		minutes
2		7,11,120,1		1		
e e		Conditions it was till	DUE TO, OR AS A CONSEQ	VA		Years
D.		Conditions, if any, which	(b)	VCI		Jeur)
he		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQ	UENCE OF		
0 0		underlying couse lost.	(c)			
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1 o
e c	CERTIFICATION					
à à	A	19s DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
N. S.	문				IN CEI	RTIFYING CAUSES OF DEATH
Hygiene 18 shaws	=				YES NO	YES NO
Hem 18		210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		DAY YEAR 216 HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
Hea	X	(IF EITHER NOTIFY MEDICAL EXAMINE	AITT .	19		
9 7	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION		
rked	X	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	FARM ETC) STREET	CITY OR TOWN	COUNTY
4		AT WORK AT WORK				
E S			pital) attended the deceased from	1	- 10 NOV 26	
5		sow the dismused alive a	of view the body after death.	, and that in (my (our) opinion	deoth occurred on the date and	hour and from the causes stat
. E		22b. SIGNATURE		DEGREE		220 DATE SIGNED
=		Miller	Hollarina	ATTENDING	_ MEDICAL _ STAFF	11/4/196
z-	-	mula.	D Journal 1	PHYSICIAN	DIRECTOR PHYSICIAN	1110014
RTA		22d PHYSICIAN'S NAME (TYPE	9 11	22e ADDRESS	1 10 11	1000
IMPORTANT		Kichard	. Joldman	4990 Easter	IN AN BUT,	MD.
IMPORTANT: # IM	23a	BURIAL, CREMATION, REMOVA	L 23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
- 1	0	(SPECIFY)	0	Carlo	O CITY OR TOWN	COUNTY
	7	URIAL	11/av-30 P85 1	AKUMONO LIM.	I ARKYILLE B	ALTO LIARYLA
OM 7/84	24. FU	JNERAL DIRECTOR	ADDRESS	0000	TE REC D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE
4)	15	VANS CHAPIL		HARFORD RUBO UEC	3 1985	
	-		1 10 10 11 10	THE STATE OF THE PARTY OF THE P		1, 100

310001	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF	TE OF MARYL HEALTH AND FICATE OF	MENTAL HYG	GIENE B	REG. NO.	5 0) 4	3
14		CEASED NAME FIRS	ī	M	IDDLE		LAST		20 DATE OF	DEATH MONTH	DAY YE	R Zb F	IOUR
10	200	OR PRINT)	TAT	T	0	TMTNO					100=	1:	2:55 _M
(1 M	1.58		HN I4	RACE		IMINO 5. DATE	OF BIRTH			mber 1 ARS (AST BIRTHDAY)	1985		DER 24 HRS
3	MA	ALE		CAUCAS	IAN	19	් රීම	122		70		At5 HOU	
V 11/35		RTHPLACE (STATE OR FOREIGN	7	LSA USA		RY? 8 MARR WIDOV		MARRIED	1	IMORE (Н	MD
	. ,	ALTIMORE	1	(IF NOT IN SUCH	OSPITAL, NUE FRACILITY, GIVE ST	REET ADDRESS)	OR OTHER INS	TITUTION	120 USUAL O	CCUPATION FOR MOST OF WORKI	ING LIFE) 126 KIT	OF BUS	& PRO
1 1 10	USU	AL RESIDENCE IN NURSING HO	OUNI	THER INSTITUTION O	GIVE RESIDENCE BE	FORE ADMISSION	#13d. INSIDE C	TTV HAARTS 2					
8 1 22			ALI	IMORE	'ROSEI	DALE	YES 🗌	NO A		GOLDE	NRINC	RD	. 2123
1/30	PAL FA	SATVATORE		TOHN	CIMIN	10		S MAIDEN NA	ME	WIDDLE	12.7	LAST	
1		VAS DECEASED EVER IN U.S		MED FORCES?	330		17 INFORMA 45 ANT		TE CIM	ADDRESS INO 66	13 GOI	DEN	RING
ST., BAL project mn.paper embood event, fe		18 CAUSE OF DEATH (Ent PART I, DEATH WAS CA	AUSED	one cause per l BY CAUSE (a)	Pulnona		Edena				BETV	ROXIMATE I	NTERVALD .
ESTON death o death o non, or numeric		Conditions, if any, which			as a conse		CHE	2					
1 W. PR by the by the common common other to		gave rise to immediate couse (a), stating the underlying cause las	ne		AS A CONSE	OUENCE OF	21 F	ihre					
5, 20 1, 10 1, 10	7	PART 2 OTHER SIGNIFICA	ANT CC	ONDITIONS CO	NTRIBUTING	TO DEATH BU	NOT RELATED	TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PAR	Tlo	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CATION		-hi	mic	Obstru		Pulnona		rure				
M REC	15	196 DATE OF OPERATION		196 CONDIT	ION FOR WH	ICH OPERATI	ON WAS PERFO	OR/MED	20a AUTOP		F YES, WERE FILE ERTIFYING CAL YES [ISES OF DI	
FVIII Physical Hydrogen	CER	210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O		216 TIME OF HOUR A.M		DAY YEAR	21¢ HOW IN	NJURY OCCUR	RED (ENTERNATE	IRE OF INJURY IN ITEM	M 18 PART I ORPAR	1 2)	
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NG PH NG NG NG PH NG NG NG PH NG NG PH NG NG PH NG NG NG NG NG NG NG NG NG NG NG NG NG	MEDIC	WHILE NOT WHILE AT WORK			ET FACTORY, OFFI	ICE FARM, ETC)	STREET			CITY OR TOWN	COUNT		STATE
END OF A SOLUTION		22a I certify that X0 (this I					30	19 85	, toN	on the date and	19_85	that ((Xwe) lost
R AT hosp	9	abave, (tylwe) (did) (d	XXX	view the bady o	fter death	7	DEGREE	(our) opman	dedili occurred	on the date and		ATE SIGN	
TAL OIL Y the RAL DI		Russell	1	1.12	ann	1	40		MEDICAL DIRECTOR	STAFF PHYSICIAN	()	11/2:	
HOSP Postd by Posts Posts		RUSTELL	D	. Brav	mt	2	390		Rave	n_Blvd	. Balt	imor	e Md
51 54134	23a E	URIAL, CREMATION, REMO	VAL	236 DATE			CEMETERY OR		23d LOCAT			0 1	
BP		BURIAL		11/04	1/85	HOLY	REDER			BATTO			MD.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	INEMAL DIRECTOR	1	1211 C	Logo	io Ae				GISTRAR 256 RE		n-gan	_



STATE OF MARYLAND



318102

(VRA.15, 4)

- STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO.

2h HOUR

20 DATE OF DEATH MONTH



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

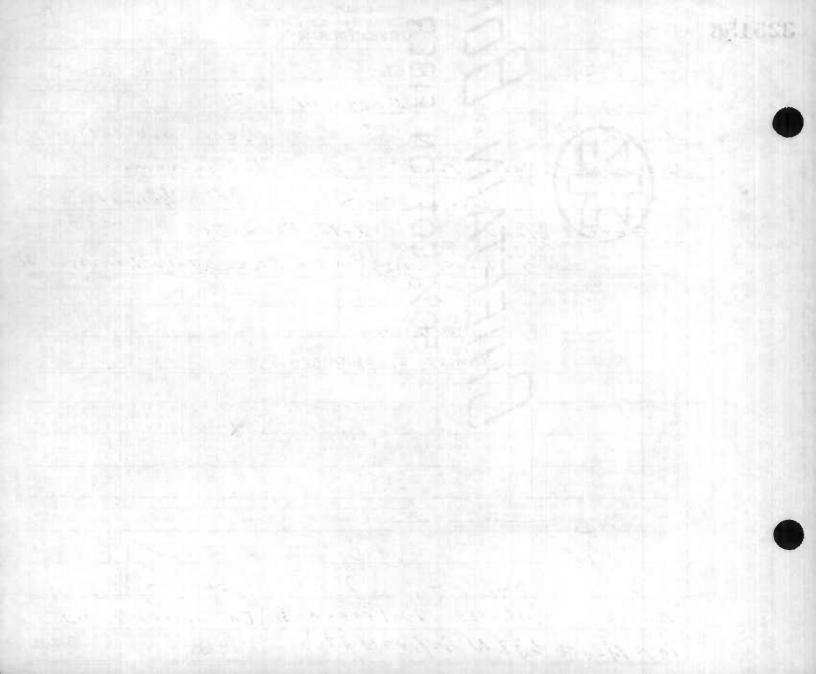
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR		CERTII	ICATE OF DEATH	REG. N	40		2.55					
	CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR					
(IIII	Jame	-5 5	Cla	irk		11 16	28	80					
3. SE.		4. RACE Black	5. DATE (DF BIRTH H DAY YEAR 47 - 14	6. AGE (IN YEARS LAST BI		UNDER LYEAR	HOURS MI					
11	IRTHPLACE (STATE OR FORFIGN COUNTRY)	76 CITIZEN OF WHAT CO	MARRIE	D S NEVER MARRIED DED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH								
0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPATION 120, KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY								
13a S	AL RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY C	OR TOWN	13d. INSIDE CITY LIMITS? YES NO [S? 13e STREET ADDRESS / ZIP RODE								
14. FA	GEORSE		LAST	15 MOTHER'S MAIDEN NA 1-10 FIRST	Wan BS		2112 23						
(WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI'	RESS	RYIN	05'01									
	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one cause per line far ia), (b), and (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
IFICATION	PART 2 OTHER SIGNIFICANT	196, CONDITION FOR			200 AUTOPSY? YES NO	WERE FINDINGS USED ING CAUSES OF DEATH?							
CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR		1							
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTOR)		21f. LOCATION STREET	CITY OR TOWN COUNTY STATE								
	22a.t certify that (1) (this hospital) attended the deceased from 11 - 12 , 19 85 , ta 11 - 14 , 19 85 , that (1) (we) lo saw the deceased alive an 11 - 14 , 19 85 , and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated above, (1) (we) (did not) view the body after death, 27b. SIGNATURE DEGREE 12c. DATE SIGNED												
	JARU	AFF ICIAN	22c DATE	SIGNED 16-85									
	224 PHYSICIAN'S NAME (TYPE	11	5 /										
	John M	· Nain	, ,	1201 8	Univer	5- 7	27.						
1	BURIAL, CREMATION, REMOVAL	23h DATE 11/21/55	MD 7	EMÉTERY OR CREMATORY	23d. LOCATION CITY OR TOWN TO US TE RECID. BY REGISTRA	MS VI	ST.	MD STATE					

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.

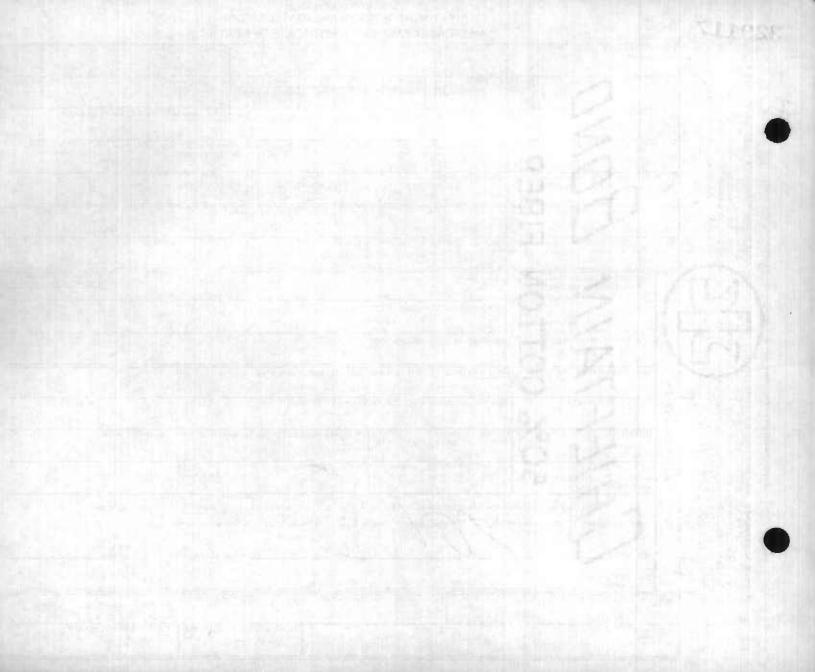


(VRA 15, 4)

STATE OF MARYLAND

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22	9117	1-	FOR STATE				MENT OF										
34			REGISTRAR CEASED NAME	FIRST	MEL	MIDDLE	EXAMIN		AST	AIEU			REG. NO.				
	0.4		E OR PRINT)	rikst		WIDDLE			INDI	100		OF E DEATH M		MONTH	DAY YEAR	26 HOUR	
	PLEASE CTOR. FILES. HOURS			J.).		Cl	owney	Sr		DEATH M	ATED [11/2	20/19 85		
	SEES	3 SEX	100	ACE	5 DATE OF BIRTH	YEAR	& AGE (IN YE.	ARS IF UN	DER 1 YR.	HOURS		C DATE RONOUNCE	D ,	MONTH	DAY YEAR	5:23	
1-	ON 2 OUR	Ma	ile B	lack	3 21	35	50 Y	RS.				DEAD		11/2	20/ 19 85		
	RAIL Y Y	50	RTHPLACE (STATE)		76. CITIZEN OF WH		ITRY?	8. MARRIE	D NEV	ER MARRI	ED S	BALTIMOR	E CITY OR	COUNTY	OF DEATH	10113	
	S NEGSSARY, PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET.	So	outh Caro		U.S.A			WIDOW		DIVORCE	-	Balti	more (City.	,	MD	
111	HE FE	10. CI	TY OR TOWN OF	DEATH	11. NAME OF HOSE			, OR OTHE	R INSTITUT	ION		AL OCCUPAT		F WORK	2b. KIND OF BI OR INDUST	USINESS	
1	A PEAR SO		Baltimon	e			Court					931 OF TORKET	, , , ,				
=	SE S	USUA 13n S	L RESIDENCE (IF IN	NURSING HOME C	OR OTHER INSTITUTION, GIV	E RESIDENCE	OR TOWN		13d. INSIDE CI	TV HMHTC2	In STRE	ET ADDRESS					
21201	A AN	V	laryland	130 COOK		Ba	ltimore	2	YEX X	NO 🗌	298	S. Mas	on Co	urt	21230		
	DEATH. IF.	14. F/	ATHER'S NAME		MIDDLE				15. MOTHE	R'S MAIDE	NAME	MIDDI			1457		
E, I	ES 1 PW NO PW		John		MIDDLE	Clowney			Victoria				E.	Johnson			
WO	A S S S S S S S S S S S S S S S S S S S	16a. V	VAS DECEASED EV				CIAL SECURIT	Y NO.	17. INFORM			-	ADDRESS			-	
BALTIMORE, MD.	NE INE I	(1	ES, NO OR UNKNOWN)	(# YES, GIVE	WAR OR DATES)	250.	-52-488	32	Eliz	abeti	h W.	Clowne	v 298	S.	Mason (Court	
-	COURS AFTER DEATH, IF ANY DELAY IS NECES A 18. GIVE PAGES 1, 2, AND 3-TO THE FUNENCE G WITH FORM PM 3, RETAIN PAGE 5 FOR MIT. PAGES I AND 2 SHOULD BE FILED. WITH WE, DIVISION OF WALLE		18 CAUSE OF DE	ATH (Enter on	ly one couse per line	for (o), (b), and (c).)						V		APPROXIMAT BETWEEN ONS	TE INTERVAL	
PRESTON ST.,	24 HOURS ITEM 18. G LONG WIT PERMIT. P GIENE, DIV	1	PART I DEATH	WAS CALISE	D BY: TE CAUSE (0) H			Card	liovas	cular	Dis	9256			BETWEEN ONS	ET AND DEATH	
0	IIN 24 HOU IN ITEM 1 ? ALONG ISIT PERMI HYGIENE, MOVAL.	M	Maria Carlo	IMMEDIA			SEQUENCE (Cara				12-15		131	
N N	THIN IN I	13		f ony, which	465												
*	A LANGE OF L	133	couse (a) stat	ing the under-	DUE TO, OR	AS A CON	NSEQUENCE (OF						191			
201	SA ABLAN	1	lying couse lo	ist.	(6)												
DIVISION OF VITAL RECORDS, 201 W.	IS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 PRITING THE WORD "PENDING" IN PENCIL IN ITEA REDED TO THE CHIEF MEDICAL EXAMINER ALON GAS SHOULD BE USED AS A BURIAL - TRANSIT PER TE DEPARTMENT OF HEALTH AND MENTAL HYGIEL 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL		PART 2 OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT BEL	ATEO TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PAI	RT 1 (a).					- 161	
Ö	PENDING MEDICAI DAS A BL EALTH AN CREMAI	NO		re Diso													
2	HEA MEN	Y	190. DATE OF OP		196 CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AUTOPSY	/?		
Y	WORD "PE HE CHIEF N BE USED A BUT OF HE	CERTIFICATION			0										YES 🗆	NO [7]	
P.V	LEN HE CONTRACTOR		210 EXTERNAL C		216. TIME OF		DAY YEAR	21c HC	W INJURY	OCCURRE	D (ENTER N	ATURE OF INJURY	IN ITEM 18 PAR	T 1 OR PART			
NO	PER CALL		UNDERLYING CONTRIBUTING	OR CAUSE OF I		MONIH	DAT TEAM										
/ISK	ERTIF ING ING ING ING ING ING ING ING ING ING	MEDICAL	214 INJURY OCC	URRED	21e PLACE O	F INJURY	(AT HOME,		ATION							-	
5	THIS C WRIT WARD PAGE : TATE D 21201	2	WHILE AT WORK	OT WHILE	STREET, FACTO	DRY, FARM, E	erc.)	51	REET			CITY OR TOWN		COUN	4TY	STATE	
	E, VHE, VERWARE, PA				1.1	W 7000	1					Inquiry X	1				
	A TO SEE		100000000000000000000000000000000000000	***************************************	ge of the remains desc	Ded obc	V /	Autops		Inspection				in my opir	1100		
	EXAMI CERTIFI JID BE DIRECT WITH WARYL		death resulted fo	om: Natur	rol causes	5	1 50	icide 🔲,	Hamic		Undeter	rmined manne	er L.				
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ACTUAL		11	/	/	-5.	TITLE (SF					DATE	11/20	1/0E	
	ZHY ZHY	1	SIGNATURE		,			M.	DASS	LSTAI	T MEDIC	CAL EXAMINI	ER	SIGNED		1/ 65	
	EXECUTE THE PAGE 4 SH TO FUNER AFTER DEAT AF		EXAMINER'S NAM	AE Gre	gory R. Ka	auffn	nan. M.	D.	ADDRESS	111	Penn	St.					
	TO MEDICAL EXAMNER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	23a.B	URIAL CREMATION				NAME OF CE				1224 107	ATION		-			
07/94		(5	BURIAL		11/25/85		edar Hi				Ann	e Arun	del C	OUNT	" Porke	THE !	
07/84 25M	BP	24 F	UNERAL DIRECTOR						12		EC'D BY		25h REGISTI		As a second		
	DHMH - 17 (VR A15 ME (5))	Ma	rch Funer	ral Hom	nes 1101 E	ast N	North A	venue	2.	NO.	VW	1300	1				



	STATE OF MARY
NP.	DED A DESAFRIE OF BEALTH AND

LAND

DETAK	CERTIFICATE OF DEATH	REG. NO.					
MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR			
Rosemary	Coates	11-1-85		9;36pm			
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)					

4 RACE white female 192 BIRTHPLACE (STATE OR FOREIGN

76 CITIZEN OF WHAT COUNTRY? USA

MARRIED | NEVER MARRIED WIDOWED DIVORCED

YES T

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

BALTIMORE City

12b. KIND OF BUSINESS OR INDUSTRY

120 USUAL OCCUPATION OF WORKING LIFE)

9 BALTIMORE CITY OR COUNTY OF DEATH

13e STREET ADDRESS / ZIP CODE 6107 FREDERICK AVE.

4 FATHER'S NAME CHARLES

MD.

BALTIMORE THESIDENCE IN NURSING H

- STATE

COUNTRY

le STATE

Md.

CITY OF TOWN OF DEATH

1 SEX

REGISTRAR DECEASED NAME TYPE OR PRINTS

311085

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).

IMMEDIATE CAUSE

COATES

166 SOCIAL SECURITY NO

BERNICE 17 INFORMANT

13d. INSIDE CITY LIMITS?

MIDDLE ADDRESS

OGILVE

160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

PART I DEATH WAS CAUSED BY:

Ellene

216402473

ST. AGNES HOSP.

CHARLES W. ROSS,

15. MOTHER'S MAIDEN NAME

6107 FREDERICK AVE. 21228

Conditions, if any, which gave rise to immediate cause (a), stating the FIBROSIS PULMONARY

PUNCHOPALEUMONIA, CONFLUENT, ACUTE

CLEROSIS

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

	l
210 ACCIDENT WAS UNDERLYING	ŀ
OR CONTRIBUTING CAUSE OF DEATH	l
(IF EITHER NOTIFY MEDICAL EXAMINER)	L

underlying cause last

190 DATE OF OPERATION

16. TIME OF INJURY HOUR A.M. MONTH

DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES T

21d INJURY OCCURRED NOT WHILE WHEE

MEDIC

218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

COUNTY

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

saw the deceased alive an_ abave, (1) (we) (did) (did nat) view the bady after death

22a I certify that (1) (this haspital) attended the deceased from.

DEGREE

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING PHYSICIAN

19...

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated

20a AUTOPSY?

NO

CITY OF TOWN

YESK

22c. DATE SIGNED Balto. 'Md

NO T

STATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

ShANTI Remesh

St. Agnes Hospital Caton Ave.,

23a BURIAL CREMATION, REMOVAL BURIAL

11-04-85

23b. DATE

WESTERN CEMETERY

CITY OR TOWN BALTIMORE, MD. STATE

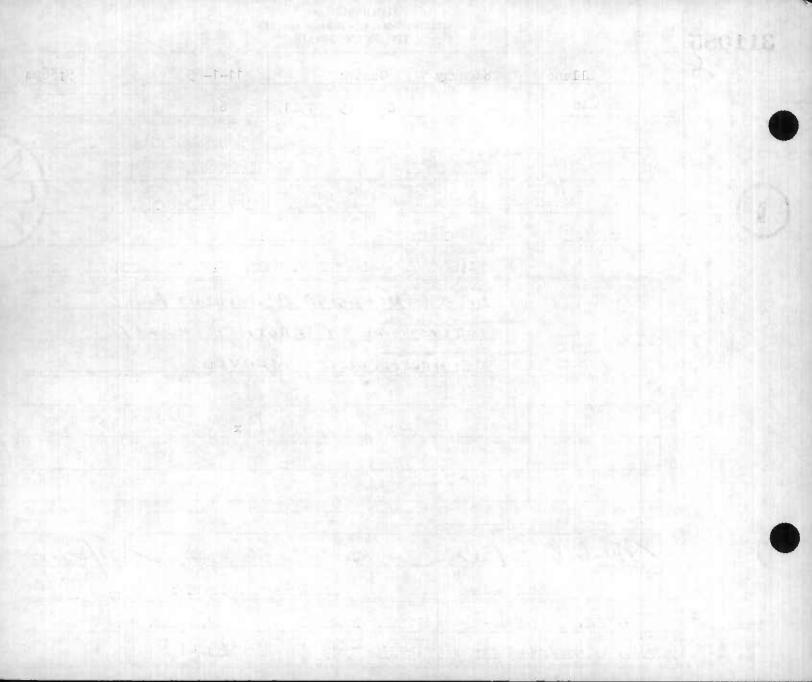
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(VRA 15, 4)

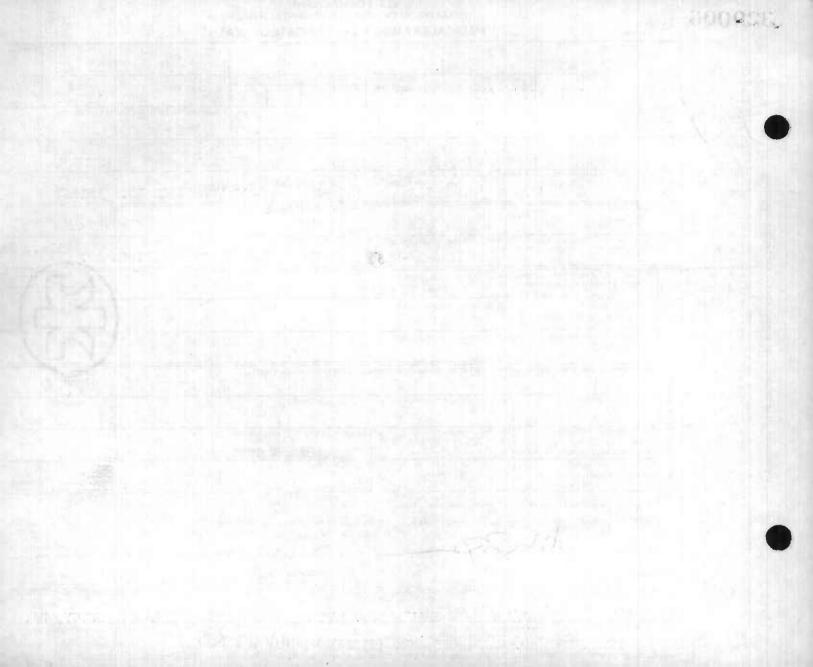
B

24 FUNERAL DIRECTOR HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23d LOCATION

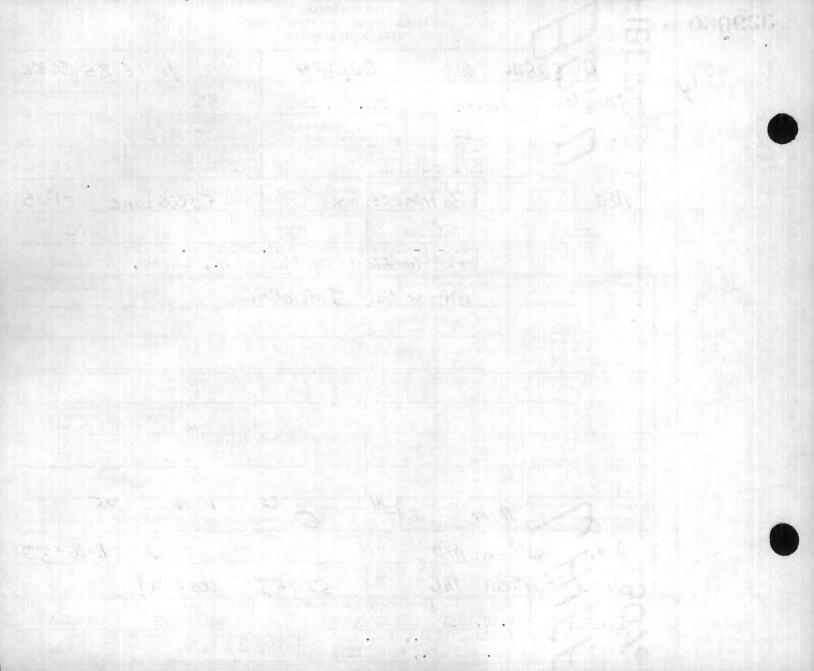


3	29006	1-	FOR STATE				MENT OF	HEALTH		NTAL H			3	0	6 2	1	
		_	REGISTRAR		MED		EXAMIN			CATEO			REG. NO			1 5	
			CEASED NAME	FIRST		WIDDLE			LAST		20	DATE K	NOWN K	MONTH	DAY	YEAR	h HOUR
	H SESSE			ALAN		Μ.			COHEN		- 1	DEATH /	MATED	11		85	M
	DIRECT DUR FI COUR FI ON STR	3 SEX		WHITE	12/17/63	YEAR	AGE (IN YE LAST BIRTHD. 21	AY) MONTH		HOURS :		DATE RONOUNG DEAD	CED	MONTH 11	13 19	85	3:20 A _M
	MITHER PRESENTATION OF THE PROPERTY OF THE PRO	7a B	RTHPLACE (517) PREIGN COUNTRY) NNA	ATE OR	76 CITIZEN OF WH	AT COUN	ITRY?	8. MARRI WIDOW	ED NEV	'ER MARRIE	ED AA		imore			TH	AAD
	RAVIS TO THE PROPERTY OF THE P	E	or town o Baltimor	e /	11. NAME OF HOSE (IF NOT IN SUCH FAC Universi	LITY, GIVES	Spital	(ST		10N		L OCCUPA	ATION (TYPE		12b KIND	DUSTRY	NESS
21201	136	13a S	TATE NNA	PH]			ORTOWN	ON)	13d. INSIDE CIT	NO 🗌		T ADDRES	S IELD 1	RD.	2011	579	1
SRE. MD	Ser.		SEYMO		WIDDLE	COL			15. MOTHER		N NAME	MID	DLE	GI	EFTMÂ	N	
ALTIMO	AFTER HI FOR MSION	16a V	VAS DECEASED ES, NO, OR UNKNOV NO	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		52-01		SEYMO		HEN	871	ADDRESS MOREF	IELD	RD. P	hila	., Pa
ON ST., B	A HOURS TEM 18. C ONG WIT FRAMT, P FIENCE, D FAIL.	>	18 CAUSE OF PART I DEA	TH WAS CAUSE	TE CAUSE (a)	<i>l</i> ulti	ple in		es						APPRO BETWEEN	DXIMATE III N ONSET A	ND DE ATH
ORDS, 201 W. PRES	E EXECUTED WITHIN DING: IN PENCIL IN DICAL EXAMINER A BURIAL TEANSIT THAND MENTAL HYBERNOREMON, OR REMO	344	gave rise cause (a) s lying caus			S A CON	ISEOUENCE (OF	OR CONDITION	GIVEN IN PAR	T1/0.					ij	
TAL REC	POLID BEE RD "FRDIC HIEF AFDIC USED AS OF HEATH	CERTIFICATION	19a. DATE OF C	PERATION	196 CONDITI	ON FOR	WHICH OPER	ATION W	AS PERFORA	AED?		7.1			20 AUT		. 🙉
DIVISION OF VITAL	MER: THIS CERTIFICATE. CATE. WRITING THE WORD." FORWARDED TO THE CHIEF OR: PAGE 3 SHOULD BE USE. RESTATE DEPARTMENT OF H. CATE OF THE CHIEF OR: PAGE 3 SHOULD BE USE.	MEDICAL CERT	210 EXTERNAL UNDERLYING CONTRIBUTIN 21d INJURY OF	OR G CAUSE OF I	DEATH 1:50 P.M.	MONTH 11-1	LAT HOME.	5 Ope	erator						17 2)		NO X
DIV	THIS CI E. WRITI RWARDE PAGE 3 STATE DI 21201 1	ME	AI WORK	NOT WHILE AT WORK	roac	1		Rt.			m For	ge H	ill Ro		larfo	rd,	MD
	国产山口		220. I certify death resulted		ge of the remains descr ral causes	ibed aba	477	Autops	Hamici			Inquiry L		d in my ap	intan		
	DICAL EXAMETHE CERTIFICATION BY SHOULD BY VERAL DIRECTION BY VERAL DIR		ACTUAL SIGNATURE_	10	my	_		M.	ASSI		MEDIC	AL EXAMI	NER	DATE	11-	13-8	5
	TO MEI EXECUI PAGE 4 TO FUR AFTI BAUTI	23a.B	EXAMINER'S N (TYPE OR PRIN URIAL, CREMATI	ON, REMOVAL 2	M. Dixon,		NAME OF CEA		DDRESS_1		nn St		alto.,	, MD	2120		
07:84 25M	BP	24 FI	BURIAL UNERAL DIRECT	SOLI	11/15/85 LEVINSON::§	BROS	HALOM M		2:	So. DATE RI	EC'D. BY RE		ORELAI 25b. REGIS		BUCK!	S. P	Α
199	AVE ME ME (5))	603	LO REIST	ERSTOWN	RD. BALTII	MORE,	MD. (2121.	5)	NOV	61	200					



STATE OF MARYLAND 329060 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2b. HOUR I. DECEASED NAME (TYPE OR PRINT) O BOSTA LYDIA AGE (IN YEARS LAST BIRTHDAY) OCT. 30, 1900 BALTIMORE CITY OR COUNTY OF DEATH Ja BIRTHPLACE MARRIED NEVER MARRIED BALTIMORE CITY MARYLAND 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR AT HOME SINAI HOSPITAL BALTIMORE APT. 213 13d INSIDE CITY LIMITS? 312/5 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME TOBY BĽÖCH FRIEMAN LEWIS MR. DONALD ASORESCOHEN 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 FARMINGTON PLA., NEWTOWN, PA 18940 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c PART I. DEATH WAS CAUSED BY Infarction IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [NO | 21m. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A,M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE [220 1 certify that (1) (this hospital) attacked the deceased from and that in (my) componion death occurred on the date and hour and from the causes stated above, (1) (did) (did not) view the body ofter death. 226. SIGNATI DEGREE 224 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ld b MPORT 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE COUNTY BALTIMORE NOV.18.1985 BURIAL CHIZUK AMUNO 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. GISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 + a six of ron- fundale BALTO., MD 6010 REISTERSTOWN RD. (VRA 15, 4)

DIVISION OF VITAL RECORDS,

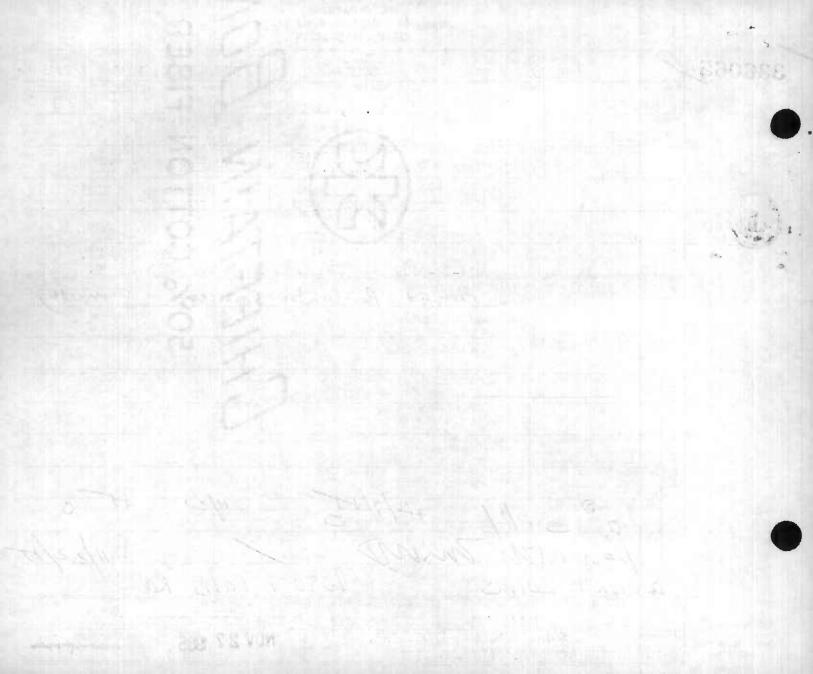


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DEPARTN		ICATE OF DEAT		REG. N	0.		
	CEASED NAME FIRST	M	IDDLE	l	AST	15.7	20 DATE OF DEATH		DAY YEAR	2h HOUR
3	EOR PRINT) BEI	LLA			COHEN		NOVEMBER	21,	1985	9:19 P
3 SE	X	4 RACE	Contract	S. DATE C			AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
	FEMALE	CAUC	ASIAN	JAI		EAR	84	YRS		HOURS MIN.
170 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8 MARRIE	D NEVER MARR	ED 9	BALTIMORE CITY O	R COUN	TY OF DEATH	
N	MARYLAND	USA		WIDOWE	DIVORC	ED 🗌	BALTIM	ORE (CITY	MD.
1	ALTIMORE ALRESIDENCE IF PURSING HOME	6072 MT	I RDOOK D	ADDRESS)	OR OTHER INSTITUTE	5 ^N	10 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF THE PROPERTY OF THE		LIFE) 126. KIND C INDUSTRY AT 1	HOME
USU 13a.	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d INSIDE CITY LI	MITS2	3e STREET ADDRESS	/ 7IP CO!	DE 212	15
	ARYLAND		BALTIMO		YES NO	_				APT.1C
	ATHER'S NAME	WIDDLE		12.1	15. MOTHER'S MAI	DENNAM		MOOK.		
).	JACOB	MIDDLE	LEWENBE	D.C.	ROS.	Δ	MIDDLE		STR	AUSS
16a \	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16h SOCIAL SECU	7. 1	17 INFORMANT	Α	ADDRE	Shr		
	YES, NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)	214-22-06	595	MARTIN F	. СОН	EN 48 TOWN	E SQI		23607
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per l	// 1 .	1 -	0	1 -				MATE INTERVAL ONSET AND DEATH
		ATE CAUSE (a)	100000	e,	lunciea	tre	Concer		in	arthy
NOI	cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	(c)	AS A CONSEQUE		NOT RELATED TO T	HE TERMIN	JAL DISEASE OR CON	DITIONG	IVEN IN PART TO	0
CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERT	ES, WERE FINDIN FIFYING CAUSES YES []	OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.A	A. MONTH DA	Y YEAR	21¢ HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18	PART OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY SET FACTORY, OFFICE FA	ARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	saw the deceased olive of abave (1) (we) (did) (nid)			10/1	d that many (aur)	opinian de	ath occurred on the do	ate and ho		that (we) last couses stated
	226. SIGNATURE	the	ms	M	ATTEN PHYSI	DING CIAN	MEDICAL STAI		22c DATE	22/dT
22	bekenneth 2	Zonies		1445.05.0	108	07	Falls	Ro	l. '	
L	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	11/24/8	35	OHEB			23d LOCATION CITY OF TOWN K REISTERS			MD
24 F	UNERAL DIRECTOR SO	L LEVINSO	ON & BROS	.,INC		25a DAN	BY 2 POISTON	25b. REGIS	STRAR'S SIGNAT	
60	10 REISTERSTOW	N RD. BAI	TO, MD 21	215			130	V	w sensy door	Milian

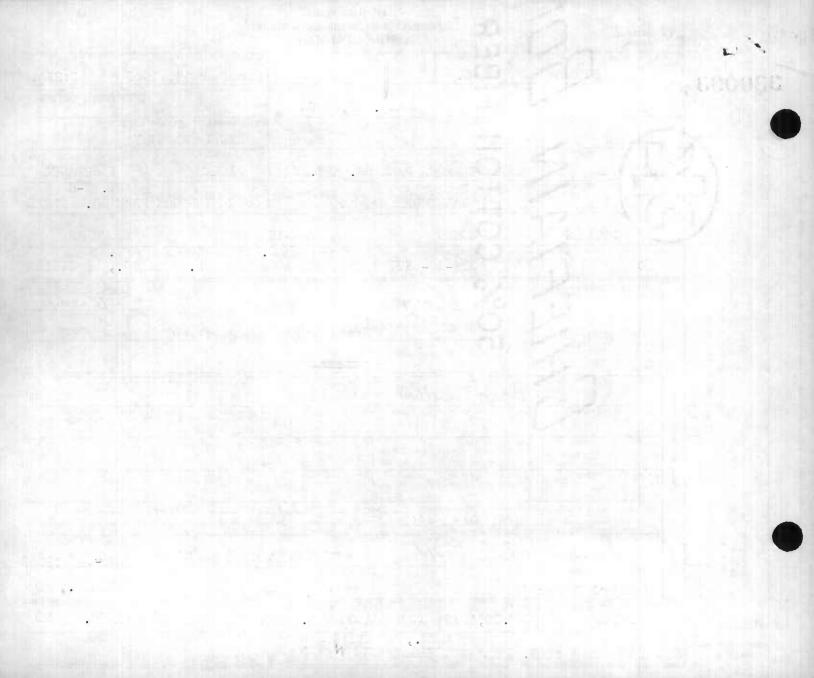
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



BP____ DHMH - 16 (VRA 1

.00	T - STATE REGISTRAR	DEPARTI	MENT OF HEAL	MARYLAND TH AND MENTAL HYG TE OF DEATH	IENE 5	. J	0 0	7
	1. DECEASED NAME FIRST (TYPE OR PRINT) CVD NEW	MIDDLE	LAST	GOURN	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	R
31	SYDNEY	S.	5. DATE OF BI	COHEN	November 1		7:25	
X	MALE	WHITE		27, DAY 1894 EAR	91	YRS	DAYS HOURS	MIN.
97	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ENGLAND	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		EATH	M
20	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 6932 MILBROOK	PARK DR		120 USUAL OCCUPATE LITYPE OF WORK FOR MOST OF AGENT	WORKING LIFE) INE	KIND OF BUSINES DUSTRY INSURANC	SS OF
35	USUAL RESIDENCE (# NURSING HOME OF 130 STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN BALTIMO	JDE I	INSIDE CITY LIMITS?	13° SIREET ADORESS 6932 MILBR	ΔD	TIC	215
300	14 FATHER'S NAME FIRST CHARLES	COHEN COHEN	15 /	MOTHER'S MAIDEN NAM FANNIE	MIDDLE		USSMAN	
1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 219-20-8		INFORMANT MRS	BELLA COM OK PARK DR.		, IC , MD 212	15
	Canditions, if ony, which gave rise to immediate couse iol, stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO B	ENCE OF DEATH BUT NOT	no Seter	bear obtec		8 Jean	
()	V ING. DATE OF OPERATION	Viabeter well		AS DEDECIDANED	Tage ALITOPSV2	20h IE VES WEDE		1
9	NO LATE OF OPERATION	Urabefee well 196 CONDITION FOR WHICH	OPERATION W		200 AUTOPSY? YES NO	IN CERTIFYING (E FINDINGS USED CAUSES OF DEATH NO	H?
9	A DATE OF OPERATION	196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 197 P.M.	OPERATION WA	HOW INJURY OCCURR		IN CERTIFYING (E FINDINGS USED CAUSES OF DEATH NO	H?
9	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAY YEAR 19 211		YES NO	IN CERTIFYING (YES VINITEM 18 PART 1 OR	E FINDINGS USED CAUSES OF DEATH NO [H?
9	The Date of Operation 100 Date of Operation	216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	AY YEAR 19 211 ARM ETC.) 211	LOCATION STREET 19 1 in (my) (our) apinion o	YES NO NO NO RED (ENTER NATURE OF INJUR	IN CERTIFYING (YES IN ITEM 18 PART 1 OR IN 10 OR IN	E FINDINGS USED CAUSES OF DEATH NO PART 2) UNITY St. that (1) (wo can the couses state	H?
9	190 DATE OF OPERATION 190 DATE OF OPERATION 110 ACCIDENT WAS UNDERLYING CAUSE OF DEA (IF EITHER NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK 22a 1 certify that (1) (this hospi saw the deceased alive an obove, (1) (we) (did) (did no 27b SIGNATUR)	196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 197 HOUR A.M. MONTH D. 198 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F 101) attended the deceased fram 10 - 30 - 19 2	AY YEAR 19 ARM. ETC.) 211 Jun DEGR	LOCATION STREET at in (my) (our) apinion of REE ATTENDING PHYSICIAN	YES NO NO NIVER NATURE OF INJUR	IN CERTIFYING (YES IN ITEM 18 PART 1 OR IN CO THE AND THE A	E FINDINGS USED CAUSES OF DEATH NO PART 2)	H?
9	190 DATE OF OPERATION 190 DATE OF OPERATION 110 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTHY MEDICAL EXAMINER 11d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 122al certify that (I) (this hosping sow the deceased dive an obove, (I) (we) (did) (did no 122b SIGNATUR)	Diabete well 196 CONDITION FOR WHICH 216 TIME OF INJURY HOUR A.M. MONTH DA P.M. 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F 101) attended the deceased from 10 - 30 - 19 3 1) view the body after death.	AY YEAR 19 211 ARM EIC) 710 C , ond the	LOCATION STREET 19 of in (my) (our) apinion of	YES NO RED (ENTER NATURE OF INJUR CITY OR TOV To Property of the do MEDICAL STAF DIRECTOR PHYSICI	IN CERTIFYING (YES IN ITEM 18 PART 1 OR IN 12 PART 1 OR IN 19 Ite and hour and for EAN 22	PART 2) UNITY S1. . that (1) (we can the causes state.	H? Ve) lost



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marked or Hem 18 shows

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MARYLAND

Ī	OF	HEALT	H AND	MENTAL	HYGIENE	~
E	RT	FICAT	E OF	DEATH		REG. NO.

	FOR STATE REGISTRAR	DEP	CERTIFICATE OF D		REG. NO.		
	1 DECEASED NAME FIRST	MIDDLE	LAST	2a DATE C	F DEATH MONTH	DAY YEAR	26 HOUR
1	Clif	ton E.	Cole	Novem	ber 17, 198	85	2:10P M
	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE IIN	YEARS (AST BIRTHDAY)	IF UNDER " YEAR	IF UNDER 24 HRS.
	MAle	Col	MONTH - 5 -	1912 7	3 YRS	MONTHS DAYS	HOURS MIN.
100	70 BIRTHPLACE I STATE OR FOLEIGN	Th CITIZEN OF WHAT COUN	MARRIED NEVER M	APPIED 9 BALTIMO	ORE CITY OR COUNTY	OF DEATH	
2	BAllimore, Md	U.S.H		ORCED Balti	more City		MD.
7	Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Maryland Gene	ursing home or other insti street address) Pral Hospital		OCCUPATION REFORMOST OF WORKING LIF		BUSINESS OR
Z	USUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE		TY LIMITS? 113. STREET	ADDRESS / ZIP @dior	121	1291
	maryland -	BAI	Timore YES IN	NO 16	27 CATH	edral	51
1	WAITEN	MIDDLE OF	15 MOTHER'S	MAIDEN NAME	Lee C	hester	1
1		RMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMAN	VI C	ADDRESS	0	
	A CO	7/0-6	110 mes 1	-112 -1)	12 - h		

WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURITY NO. (17 INFORMANT ARRORDATES) 218-05-769 Mrs. El	Varea STANS burg	0
18 CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED	one couse per line for (a), (b), and (c))	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF (b) Probable Disseminated DUE TO, OR AS A CONSEQUENCE OF (c) Pneumonia	Intravascular Coagulat	ion

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
	and the second s		YES NO	YES	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
ZId. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	2H LOCATION STREET	CITY OR TO	WN COUNTY	STATE

sow the deceased alive on November 17, above, (K(we) (did) (Ktow) view the body after death and that in by) (our) opinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF

PHYSICIAN

DIRECTOR PHYSICIAN

224 PHYSICIAN'S NAME	(TYPE OR PRINT)	-	22e ADDRES

Thomas Ganey, M.D.	C.60 Ma	anyland Cononal Hognital
RIAL CREMATION, REMOVAL 23h, DATE	23c NAME OF GEMETERY OR CRE	EMATORY 23d LOCATION

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the haspital or TO FUNERAL DIRECTOR.

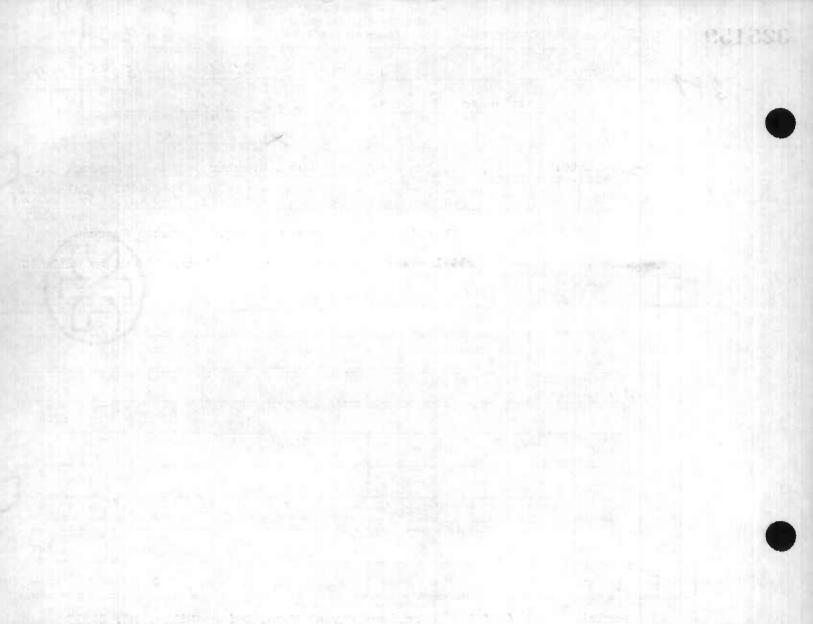
336114		FOR STATE REGISTRAR		DEPARTA	MENT OF HEALTH CERTIFICATE			S REG. NO.	3 0	0 6	2.00
		CEASED NAME FIRST	MI	DDLE	LAST		20. DATE OF	DEATH MON	TH DAY Y	EAR 2b F	IOUR,
4 moy be for. poge 3 ofter death	3 SE	CATHER	INE ELI	ZABETI		EMAN		ARS LAST BIRTHDAY			M IDER 24 HRS.
S offer. p		EMALE	CAUCAS	SIAN	5. DATE OF BIRTH	16 , 1909	76			DAYS HOU	
Poo di poo	7a. B	IRTHPLACE STATE OF FOREIGN	76 CITIZEN OF W		8		9. BALTIMOS	E CITY OR CO	OUNTY OF DEA	TH	
Geoth Seoth	M	ARYLAND	U.5	A.	WIDOWED	DIVORCED [BALT	MORE	CITY		MD.
the f		BALT IMORE		FACILITY, GIVE STREET		ED. CTR.	(TYPE OF WORK	CCUPATION FOR MOST OF WO	RKING LIFE) INDU		
Be file		AL RESIDENCE (IF NURSING HOA	AE OR OTHER INSTITUTION, G	S SCOTT		ED. CIN.	INSPE	CIOR	DK	USH (0
Filled by the state of the stat	4.	ARY LAND	OUNTY	BALTIM		SIDE CITY LIMITS?	3307	MUELL		2122	4
ertely 2 st	14. F/	ATHER'S NAME	WIDDLE	1241	15. MO	THER'S MAIDEN N	AME	1110011		11	7
MAM ball		DOSEPH	DANIEL	ZIMME	RMAN)	ANNIE		WIDDLE	\$	UMME	ED.S
ORE, and condicol		WAS DECEASED EVER IN U.S	ARMED FORCES?	66 SOCIAL SECU		ORMANT		ADDRESS	LOWBRO	nk D	DIVE
Mo e w		YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	214-16-1	1933 FRA	NCES FEI	GE '	BASAD	ENA.	MD	21122
ALTI coor coor I.		18. CAUSE OF DEATH (Ente				10000 101	66	CASAU		APPROXIMATE I	
., B		PART I. DEATH WAS CA	USED BY:	11 1	11 14	4 /11	+ -	, /4	///	WEEN ONSET	AND DEATH
derficerticerticerticerticerticerticerticert		IMME	DIATE CAUSE (0)	1 cuto l	Lunder	ma (V	26.16	At1 7	the.		
TO oth condi				AS A CONSEQUE	NCE OF	11	hays	esco 1.	11/1	1	
de d		gove rise to immediate (b) preside from intoles, Myournal fifther.									
V. P		couse (a), storing the DUE TO, ONAS A CONSECUENCE OF THE STATE OF THE									
tho d by eass ol, o		onderlying coose lost	((c)	17500	10						
guires signe hen pl no burn	Z	PART 2. OTHER SIGNIFICA	NT CONDITIONS <u>CO</u>	NTRIBUTING TO [DEATH BUT NOT RE	LATED TO THE TER	MINAL DISEASE	OR CONDITIO	ON GIVEN IN PA	ART 110	
been mit. T	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION WAS	PERFORMED	20a AUTO	PSY? 201	o. IF YES, WERE	FINDINGS	JSED
L Re lo Per lo P	ĬĔ						YES	NOM	CERTIFYING CA		EATH?
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NSK ding s ce burid Men	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	21e. PLACE O		19 215 LC	CATION					
DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY ING PHYSICIAN: The law requires that the deoth certificate be executed with contending physician and complete os the buriol-transit permit. Then please remove carbon popers. Pages, and 2 th and Mental Hygiene prior to buriol, cremation, or removal.	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREE	T, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TOWN	COUN	ITY	STATE
S mos A solution		22a.1 certify that (1) (this h		deceased rom_	9/19/		2, to	Ivesin	. 19		II (we) lost
TTE prito for of th		sow the deceased alive above, (1) (we) (did) (die	d not) view the body of	Her death.	ond that it	n (my) (our) opinion	death occurred	on the date o	nd hour and fro	m the couse	stoted
OR A DIRECTOR POR PORT OF THE		226. SIGNATURE	11	V /	DEGREE				220	DAJE SIGN	ED _
Te de		Much	1 704	MITT	70)	PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN	0 1	1/22/	83
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IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E F S FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET.	3. SE	×	BIK	5. DATE OF BIRTH	YEAR LAST BIRTI	YEARS IF UNDER 1	YR. IF UNDER 24		NCED	MONTH DAY	419 85 M YEAR 2d HOUR 10:11	
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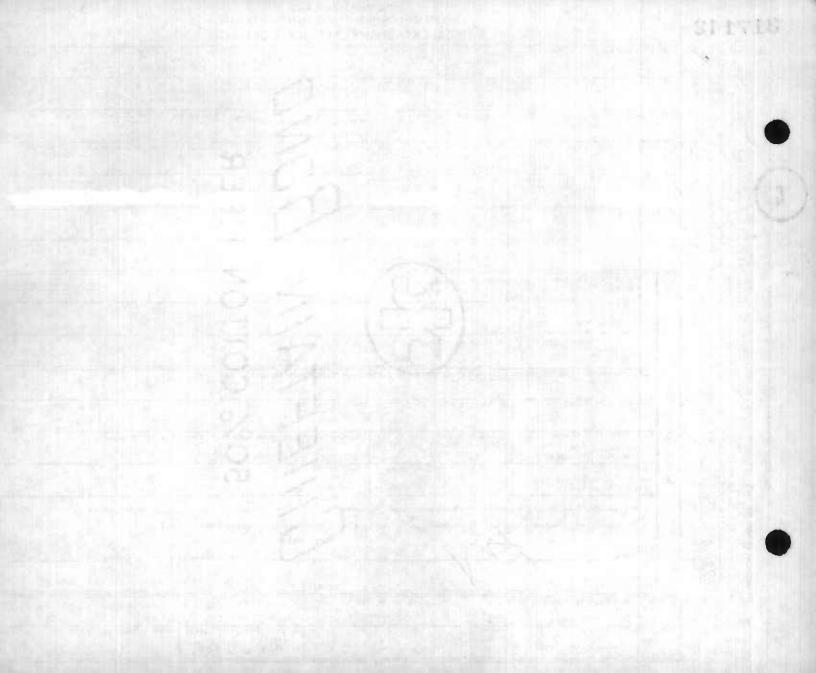
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STATE OF MARYLAND



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	₹ ₩2₹₩		SIGNATURE	-		1		_M.D. ASSIS	tant_MED	ICAL EXAMINER	SIGNED.	11/6/85	
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and i	524548 -	23a. Bl	IRIAL, CREMATION.					Y OR CREMATORY	123d CC	CATION			
0100	000	(5	PECIFY)					CEMETERY	CITY	ORTOWN	COUNTY		
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1	DHM/I - 17	Z4. F1	INERAL DIRECTOR		ADDRESS					REGISTRAR 256 RE	GISTRAR'S SIG	NATURE	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 333047 DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b. HOUR ANITA NOVEMBER 23 1985 COLLINS IF UNDER I YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX DATE OF BIRTH BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE THE CITIZEN OF WHAT COUNTRY I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH W. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR OF WORK FOR MOST OF WORKING LIFE JOHNS HOPKINS HOSPITAL BALTIMORE JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 113d INSIDE CITY LIMITS? M FATHER'S NAME 15. MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c).) BETWEEN ONSET AND DE PART I. DEATH WAS CAUSED BY Cardorespicalors 2461 IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Midbrain gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CUSMING'S DISEASG PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CUSHINGS 7136 PSG. NOF YES [NO IT 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY CITY OF TOWN STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC.) ORK NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram_ saw the deceased alive an abave, (Mile) (did) (did not) view the body alter death. 226 SIGNATURE DEGREE 121 7 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 00 N WOLKEST NATHAN MOSKOWITZ THE BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE REC'D. BY RIGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

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MARYLAND 2120

BALTIMORE

DIVISION OF VITAL RECORDS.

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		1-	STATE		DICAL EXAMIN			EDEATH		3	
	343095		REGISTRAR CEASED NAME FIRST	74122	MIDDLE	EK 3	LAST	20. DATE KNOWN		DAY YEAR	7h HOUR
		(TYP	E OR PRINT)		R.	001.0	MOT	OF ESTI- DEATH MATED	11-27		IB HOOK
6	PLEASE ECTOR. P. FILES. HOURS	3. SEX	JOH	5. DATE OF BIRTH	6. AGE (IN YE	COLS	IDER TYR. IF UNDER		MONTH TITE		2d HOUR
	N ST	M	ALE CAUCASIAN	SEPT 27	1930 55yr	AY) MONTI		MIN PRONOUNCED DEAD	11-27		11AM
-	AAL D YO STO	7e. BI	RTHPLACE (STATE OR	76. CITIZEN OF WH			×				TTVIW
	IS NECESSARY, PLEASE F FUNERAL DIRECTOR. E S FOR YOUR FILES. E) WITHIN 72 HOURS I WARESTON STREET,	M.	REIGN COUNTRY) LSSOURI	U.S.		WIDOW		□ Baltimor			MD
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	D. 7201 2, AND 3TO 1 3. RETAIN PA 2 SHOULD BE F AL RECORDS, 2	130 S	L RESIDENCE (IF IN NURSING) OME OF TATE 133 COUNT RYLAND ANNE A	RUNDEL	E RESIDENCE BEFORE ADMISSION OF LOWN ANNAPOLIS	ONI	13d. INSIDE CITY LIMITS? YES NOXX	13 609 CANAL	LANE 2	21401	
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	E 68 8 9 7 /)]	RONALD	MIDDLE	COLSTON		THELMA	MIDDLE	DAGNE	ER TAST	
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			18 CAUSE OF DEATH (Enter only	one cause per line	for (a), (b), and (c).)		A TOP OF			APPROXIMATE IN	NIERVAL AND DEATH
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	L RECOR	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORMED?			20 AUTOPSY?	
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	ME, TI		22e I certify that I took charge	of the remains desc	ribed above, held on	Autop	sy . Inspection	X. Inquiry	ond in my apin	nion	
	EXAMINER: CERTIFICATE NUID BE FOR I, WITH THE		death resulted from: A Natura	ol causes,	Accident X Sui	icide 🔲	, Homicide .	Undetermined manner],		
	ERT ERT WILL BUNKE	1	(Way	~ A	(V D)		TITLE (SPECIFY)				
	CAL EXA THE CER SHOULD SRAL DIR ATH, WI		SIGNATURE TO THE	yere la	evill	M	D. Assistan	t MEDICAL EXAMINER	DATE SIGNED	11-28-8	35
	NO PET OF STANS	1	EXAMINER'S NAME (TYPE OR PRINT) Mar		V=11 M [111	Penn Street			
	TO MEDICAL EXAMNER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR: AFTER DEATH, WITH THE S BALTIMORE, MARPIAND,	12 2			Korell,M.		ADDRESS				
		(5	URIAL, CREMATION, REMOVAL 23		HILLCRE		R CREMATORY ANNAPOLI	23d LOCATION S ANNE ARUN	DEL COUNT	O. MARY	IAND
07 25	/84 BP	24 FI	URIAL 1	1-30-85	Lurrrcki	201	IJSB. DATE R				LANL
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	(**************************************						Ut1:	TO TOTAL		Salarane .	

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STATE OF MARYLAND 326107 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLI 20 DATE OF DEATH TYPE OR PRINT 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) la. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 130 STATE 136 COUNTY 113d INSIDE CITY LIMITS? NOF LEATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Morris Comeaus. Leather 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY-PRESTON ST. IMMEDIATE CAUSE to DUE TO, OR AS A CON Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost pleas PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED à Hyg 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM ž 21d INJURY OCCURRED 211 LOCATION 0 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE WHILE 220 1 certify that (1) (this hospital) attended the deceased from sow the deceased of above, (1) (we) (did) (d be detoched the Stote Dept

BALTIMORE CLTY OR COUNTY OF DEATH 12b. KIND OF BUSINESS TTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY MIDDLE Green ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE ____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN A DIRECTOR PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Eastview Memorial Park Baltimore Maryland Bailey-Douglass Funeral Home 1348 N. Calhoun St. NUV

REG. NO

MONTH

26 HOUR

IF UNDER 1 YEAR

DHMH 16 50M 1/BI (VRA 15. 4)

BP

FUNERAL

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226 SIGNATURE

(SPECIFY)

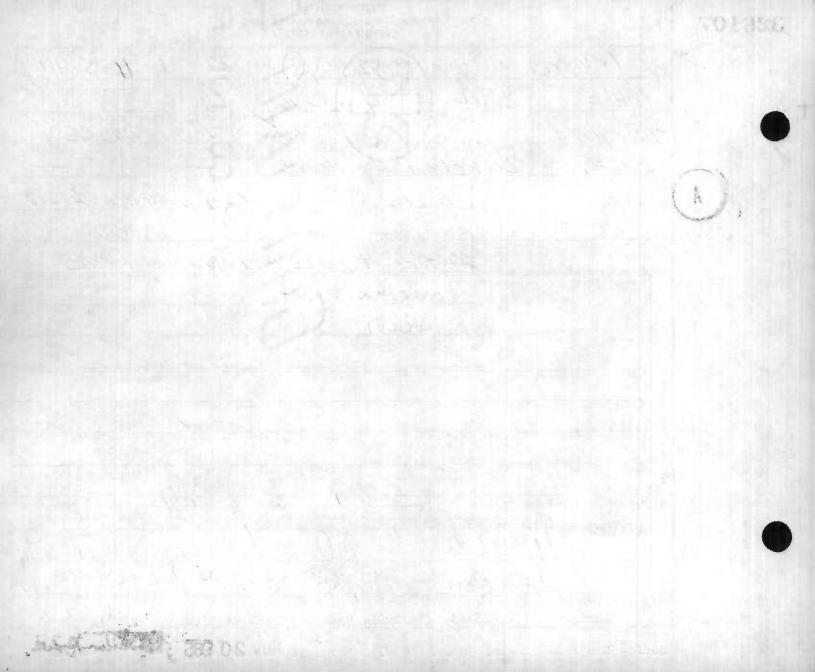
24 FUNERAL DIRECTOR

22d PHYSICIAN'S NAME

230 BURIAL, CREMATION, REMOVAL

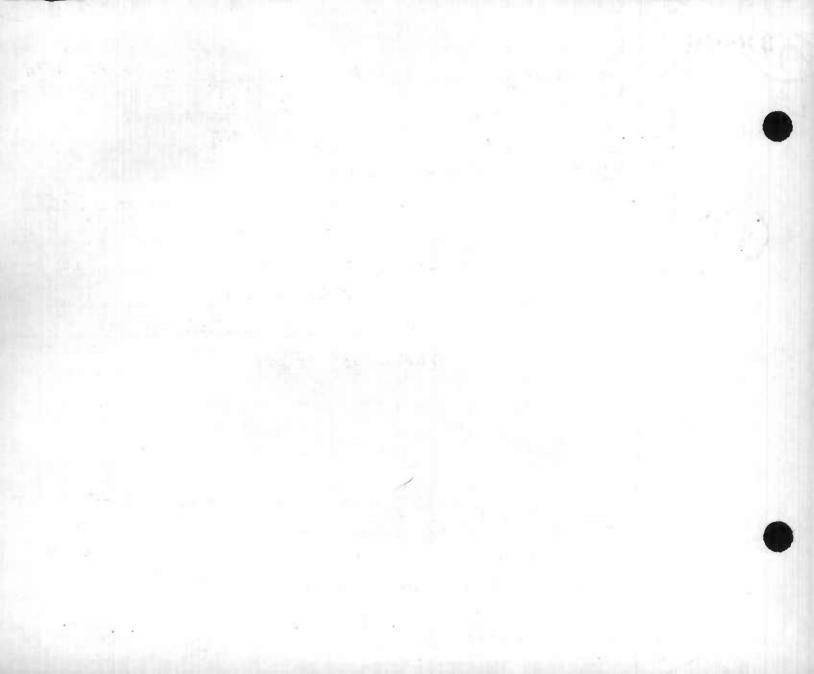
Burial

11-15-85



DHMH - 16 50M 4/B3 (VRA 15. 4)

BALTIMORE, MARYLAND 2120



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 333001 CERTIFICATE OF DEATH REGISTRAR REG. NO DECE ASED NAME 20 DATE OF DEATH 7h HOUR PE OR PRINTS 22 85 FRANK L. CONIGLIARO 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR MONTH MALE WHITE 07 78 TO BIRTHPLACE THATE OR THE 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Itlav U.S.A. Baltimore City WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR LIF NOT IN SUCH EACILITY, GIVE STREET ADDRESS! ITYPE OF WORK FOR MOST OF WORKING LIFE! Baltimore St. Agnes Hospital Painting Cont JUAL RESIDENCE (IF NUI COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Maryland Baltimore. Arbutus 1211 Sulphur Spring Road 21227 FATHER'S NAME 15 MOTHER'S MAIDEN NAME John Conigliaro Concetta Cullotta 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT 21227 I IF YES GIVE WAR OR DATEST NO 217-12-9001 Concetta F. Hoover 1211 Sulphur Spring Rd. 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ARDIAC IMMEDIATE CAUSE OR AS A CONSEQUENCE OF ONGESTIVE CARDIOMYOPATILY Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF HEROSCLENOTIC VASCULAR DISEASE underlying couse lost. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CHRONIC OBST LUNG MSEASES INPLANT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 71e PLACE OF IN IURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) STREET NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from sow the deceased alive an above, (I) (we) (did) (did not view the body after death and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 226 SIGNATURE ATTENDING None PHYSICIAN DIRECTOR PHYSICIAN MYBACHEW 774 PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADDRESS d b 730 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 73b. DATE 23d LOCATION (SPECIFY) Burial Loudon Park Cemetery Baltimore Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 21229 DHMH - 16 60M 7/84

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

(VRA 15, 4)

STATE OF MARYLAND

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PRESTON ST., BALTIMORE, MARYLAND 2120

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MEDICAL

24 FUNE L DIRECTOR

Wm. "C. March F/H

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

1 - STATE REGISTRAR			ICATE OF DEATH	REG. NO.				
L DECEASED NAME FIRST (TYPE OR PRINT) Augus	stine	Coop	er	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
Female Female	4. RACE Black	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) 47 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD	76 CITIZEN OF WHAT COURS	OUNTRY? 8 MARRIE WIDOWE	D MEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
Baltimore	515 E.		DR OTHER INSTITUTION					
USUAL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION GIVE RESIDUNTY 131 GT	TEIMORE	13d INSIDE CITY LIMITS? YES MO	13. SIREE BADDRESS /27 CO	St. 21218			
14 FATHER'S NAME Frank	MIDGLE Ful	l'er	15 MOTHER'S MAIDEN NA EMMa	ME MIDDIE Ruth	LAST			
160 WAS DECEASED EVER IN U.S. [YES NO OR UNKNOWN] (IF YES		-38-2057	Glen E. Co	oper 515 E. 2	27th St.			
18 CAUSE OF DEATH (Enter	only one couse per line for	in) (h and c			APPROXIMATE INTERVAL			

IMMEDIA	TE CAUSE (d) Caclexia	
Conditions, if any, which	DUE TO, OR ASIA CONSEQUENCE OF TUSTOS ES	
gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
underlying couse lost	carcusous of ing	

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20s AUTOPSY?	206. IF YES, WERE FIND II IN CERTIFYING CAUSES YES	NGS USED S OF DEATH?
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRE		1	

(IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 211 LOCATION (AT HOME STREET FACTORY OFFICE, FARM, ETC.) CITY OR TOWN COUNTY

22a I certify that (I) (this hospital) attended the deceased from sow, the deceased alive on and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

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th	Criady of-	^-	ATTENDING MEDICAL STAFF	11/0/00
6.6.7			PHYSICIANI TO DIRECTOR DELYSICIANI	

22e ADDRESS

23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 11/12/85

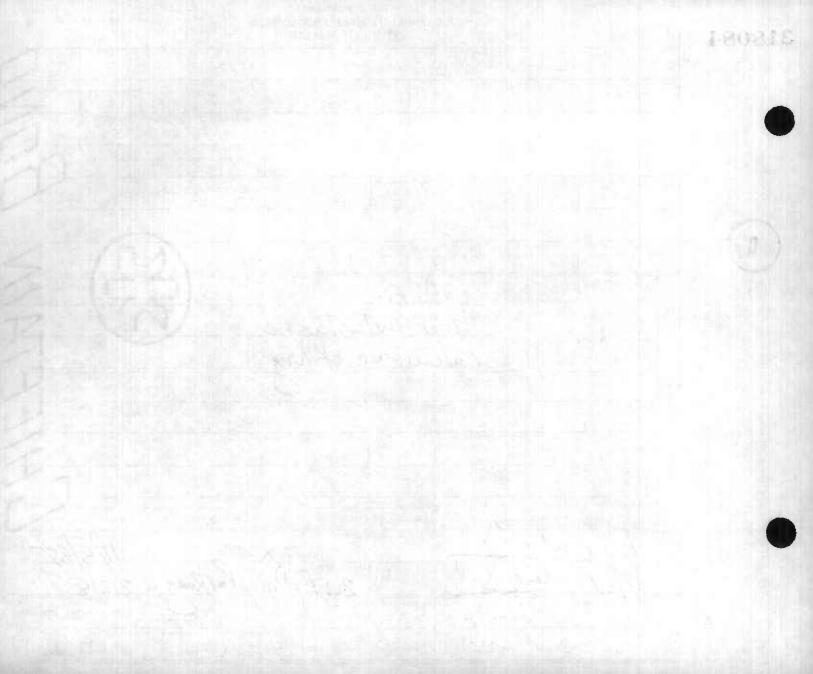
Holly Hill Cem

Whitemarsh

MD"

BY REGISTRAR 25 REGISTRAR'S SIGNATURE

1101 E. North Ave.



STATE OF MARYLAND

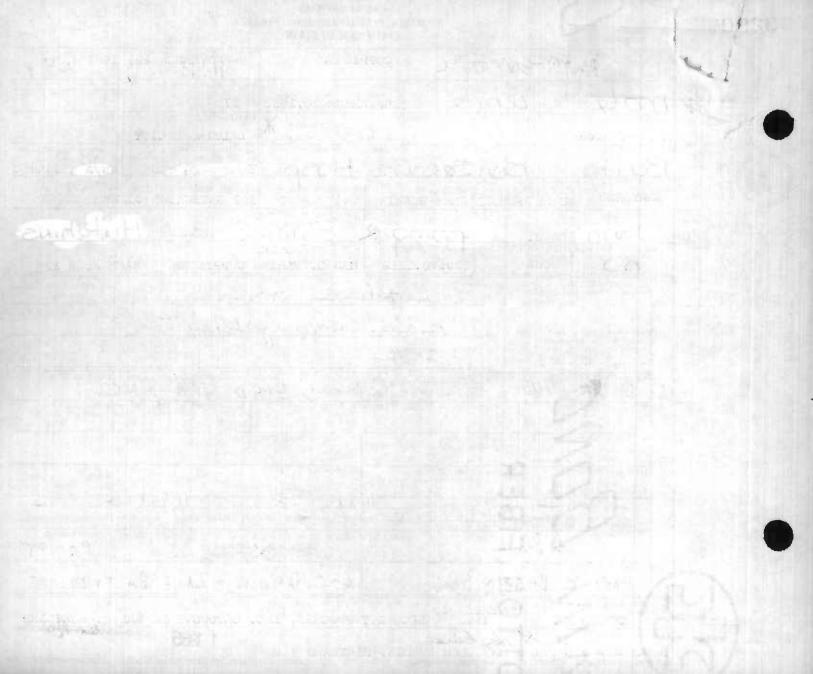
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DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS,

SINGLETON FUNERAL HOME, GLEN BURNIE, MARYLAND

250. DATE REC'D BY REC'S REGISTED AND TO STATE OF THE STA



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may be poge 3 er death	1	ANI	NA L.	CORAS	SANITI	1/	-12-85	2:30PM
ctor po	3. SE	Female	4 RACE White	5. DATE C	rch 6, 1900	& AGE (IN YEARS LAST BIRTHDA	YRS IF UNDER 1 YEA	AR IF UNDER 24 HRS.
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or or or		Maryland	U.S.A.	WIDOWE		BALTIMO	RE City	MD.
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must be		AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE INTY 13c. CITY OR Balti		13d INSIDE CITY LIMITS? YES MO []	13e.STREET ADDRESS / ZI 6420 Seft	on Avenue	21214
松 族 · ·	14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		TACT
# 500		Joseph	Capez	io	Philome	ena	Not Know	n
Poge Col		VAS DECEASED EVER IN U.S. AI VES. NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	6-8966D	Agatha M. Ci	alotta 6420	Sefton Av	e. 21214
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hos bernitiene price	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	6/eed	7	200 AUTOPSY? 20	Ib. IF YES, WERE FIND CERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO
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s the burn ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OF	FICE FARM ETC)	21 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
A A A A A A A A A A A A A A A A A A A		220.1 certify that (1) (this hosp	ital) attended the deceased fr	om	, 19	, to	, 19	, that (I) (we) last
CTO) for of H		sow the deceased alive or above, ii) (we) (did lifted a	ht vie the body ofter death.	19, ar	nd that in (my) (our) opinion o	death occurred on the date	and hour and from the	he couses stated
/ the har AL DIREC detached ate Dept II: If them		Leater A.	Pale, M.D.	,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		TE SIGNED
retained by to FUNERAL should be detained the State Mith the State IMPORTANT.		GUSTAVO A.	Couralez N	U.D,	22e ADDRESS UNION MEN	MORIAL HOSPIT	AL	
5 ⊢ 2 3 ₹		SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OR JOWN	COUNTY	STATE
BP		Entombment	Nov 16 1985	Most Ho	ly Redeemer	Baltimon		Maryland
HMH - 16 60M 7/84		JNERAL DIRECTOR	ADDR	ESS		E REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGN	ATURE
(VRA 15, 4)		Leonard J. Ruch	c, Inc. Baltin	nore, Ma	ryland	VUV 15 1984		and Comment and the

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		PE OR PRINT)			WIDDLE		(AS	1	20 DATE OF	ESTI-	XX MONTH	DAY YEAR	26 HOUR
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PLEASE RECTOR. R FILES. STREET	3 SE	Х	4 RACE	5 DATE OF BIRTH	YEAR	6 AGE (IN YEAR		R 1 YR. IF UNDER	R 24 HRS. 2t DAT		MONTH	DAY YEAR	2d HOUR
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			Md	USA	1		WIDOWED	DIVOR	ED Balt	imore	City		MD
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4. F. S.	14. F	ATHER'S NAM	NE .	WIDDIE			15	MOTHER'S MAID	ENNAME				
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MO PAG D	16a.	WAS DECEAS	ED EVER IN U.S. A	RMED FORCES?	16b. SO	IAL SECURITY		INFORMANT		ADDRE:		Snow	D
BALTIMORE, MD. RESAFTER DEATH. IF SAGIVE PAGES 1, 2, WITH FC	1	YES, NO, OR UNKN	(IF YES, GIV	VE WAR OR DATES)	214	-18-2	151 A	lbert D	.Dorsey	1091	13 Hu	ntelif	f D
14 4 3 F.O		18 CAUSE	OF DEATH (Enter of	anly ane cause per line								T APPROXIMAT	TE INTERVAL
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FER SEA	-		ons, if any, which									1	
W.P D WIT PENCI WINE CATA OR R			rise to immediate a) stating the unde		AS A CON	SEQUENCE O	:						
DIVISION OF VITAL RECORDS, 201 W. PRESTON, AT CRETIFICATE SHOULD BE EXECUTED WITHIN 24 HOW RITHING THE WORD "PENDING" IN PENCIL IN TEMES REDED TO THE CHIEF MEDICAL EXAMINER ALONG AS 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIS TO PERMISH AND MENTAL HYGIENE, OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.		lying co	use last.	(1)								1	
DXECU SECU SECU SECU SECU SECU SECU SECU S		PART 2 OTHER :	SIGNIFICANT CONDITION	(c) IS CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMIN	AL OISEASE OR	CONDITION GIVEN IN PA	MPT I (a)				
ECORDS D BE EXECTION ENDING MEDICAL AS A BU EALTH AN	Z							CONDITION OFFICE IN F	(A) 1 (D)				
TAL RECO HOULD BE RD "PENDI HIEF MEDI USED AS A OF HEALTH RIAL, CREA	MEDICAL CERTIFICATION	19a. DATE O	FOPERATION	196 CONDI	TION FOR	WHICH OPERA	TION WAS	PERFORMED?				20 AUTOPSY	2
MITAL SHOUL CHIEF FUSE TOF H	문			160								YES 🗓	NO 🗆
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S C C C C C C C C C C C C C C C C C C C	X	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, E	(C.)	? STREE	ET	CITY OR TO	Balti	more;	Marylar	nd STATE
DIVISION NER. THIS CERT CONTEN WARDED TO NE. PORTING CONTEND NET THE STATE DEPARAND. 21201 PRI			ATWORK										
A P S S S S S S S S S S S S S S S S S S		220 I cert	tify that I taak cha	rge of the remains des	scribed abo	ve, held an	Autopsy	Inspection	in L. Inquiry	، الا	and in my api	nian	
SHE BE	19	death resul	ted fram: Nat	ural causes,	Accident	L, Suic	de L.	Hamicide	Undetermined n	nanner			
MAN WAR		ACTUAL	Walna	A.	16.	00		TITLE (SPECIFY)			DATE	11-2-85	
RATE STATE	1	SIGNATURE	Varia	TO JUNE	पाप	W	M.D.	Assistar	MEDICAL EXA	MINER	SIGNE	11-2-00	
WO WE	1	EXAMINER'S	NAME Mana	arita A. K	arell	M.D.		111 Pe	enn Stree	t			
TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P								DRESS					
	73b. E		urial	11/7/85		AME OF CEM			23d. LOCATION CITY OR TOWN		COUNT		tals
07/84 BP	24.5	UNERAL DIRE		11/7/05	Ne.	w cath	edra.	Cem.	Balto REC'D. BY REGISTR		GISTRAR'S SI		ld.
DHMH - 17	Cla	NAME DIRE	-Harris	FH 1701	No.C.	171 ob	C.L	DAIE	ALC D. BY REGISTR	AR LOB REC	SISTRAK S SI	The state of the s	
(VR A15 ME (5))	711	er omern	TOTITE	FH I/WI	MEC	TTTON	St.	NOV	05	June		ON THE REAL PROPERTY.	4

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ECESSAR INFERAL FOR YOUNTHINN	FC	RTHPLACE (S REIGN COUNTRY) arylai		76 CITIZEN OF WH	AT COUN		1	ED NEVER MA	RRIED 4 9 B	ALTIMORE CITY Baltimo	OR COUNTY	OF DEATH	AAT
E HILL S	10 CI	TY OR TOWN		11. NAME OF HOSE (IF NOT IN SUCH FACE 806 N	ILITY, GIVE ST		, OR OTH			OCCUPATION (TY OF WORKING LIFE)			ISINESS RY
21201	13a S	RESIDENCE TATE arylar	_ 136 COUP	OR OTHER INSTITUTION, GIV	RESIDENCE		N)	13d. INSIDE CITY LIMITS YES X NO	11011	ADDRESS N.Warw	ick A	ve 2/6	46
E, MD.	7,17	ATHER'S NAM		Edward		vingto		15 MOTHER'S MA	II	WIDDLE	Pi	ttman	
JRS AFTER DE JRS AFTER DE S. GIVE PAGE I. PAGES LA DIVISION OF		ES, NO. OR UNKN	DEVER IN U.S. AR	RMED FORCES?		AL SECURITY		17. INFORMANT Yvette	Pittma	an 1412		colling	gton
IDS, 201 W. PRESTON ST., XECUTED WITHIN 24 HOUR NG" IN PENCIL IN ITEM 18, DAL EXAMINER ALONG W BURIAL TRANSIT PERMIT AND MENTAL HYGIENE, D AATION, OR REMOVAL.	7	Conditions gave recause (a lying co	IMMEDIA ns, if any, which se to immediate) stating the <u>under</u> use last.	DUE TO, OR	AS A CON	nia & : SEQUENCE C	DF DF		N PART J (a).			APPROXIMAT	
DIVISION OF VITAL RECOME SECRETION OF VITAL RECOME SET RITING THE WORD "FENDING RE 3 SHOULD BE USED AS A E DEPARTMENT OF HEALTH OF PRIOR TO BURIAL, CREW	CERTIFICATION		OPERATION AL CAUSE WAS	1216 TIME OF	INJURY	WHICH OPER	21c. HC	AS PERFORMED?	RRED (ENTER NATU	RE OF INJURY IN ITEM 18	BPART I OR PART	20 AUTOPSY YES X	? NO 🗆
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TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER BEATH, WITH THE STATE OF BALTIMORE, MARYLAND, 21201 P			ify that I took char	ge of the remains described and courses	ybey obo	ve, held on Sur	1	Hamicide Three-percury DACting	Undetermi	ned manner	DATE	33/31	5/85
O MED NA PER DE A	22- 0	EXAMINER'S	NAME Th	omas D. Sm				ADDRESS 111	Penn St		.MD.		
07/84 BP1404	- (:	BURIA	L	11-21-8			LTIM		BAL	TIMORE		ARYLA	
DHMH - 17	24 F	WAME M		H Co. ADDRES	101	.Nort	h Av	e. 250. N	00.50d	TOPER 75h REG	ISTRAR'S SU	Sprikilish Bergha	,

FOR 311178 - STATE REGISTRAR DECEASED NAME FIRST OR PRINT WHAT COUNTRY? STATE OF FUREIGN Th CITIZEN OF MARRIED NEVER MARR WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN S DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, it any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 200 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 214 INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM, ETC) NOT WHILE AT WORK 220.1 certify that (this haspital) attended the deceased fram and that in (my) tour

22b. SIGNATURE

22d PHYSICIAN'S NAME

IAL, CREMATION, REMOVAL

236 DATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEAT

> 134 INSIDE CITY LI YES X

15 MQTHER'S MAI

17 INFORMANT

21c HOW INJURY

211 LOCATION

22e ADDRESS

ATTEN PHYSI

DEGREE

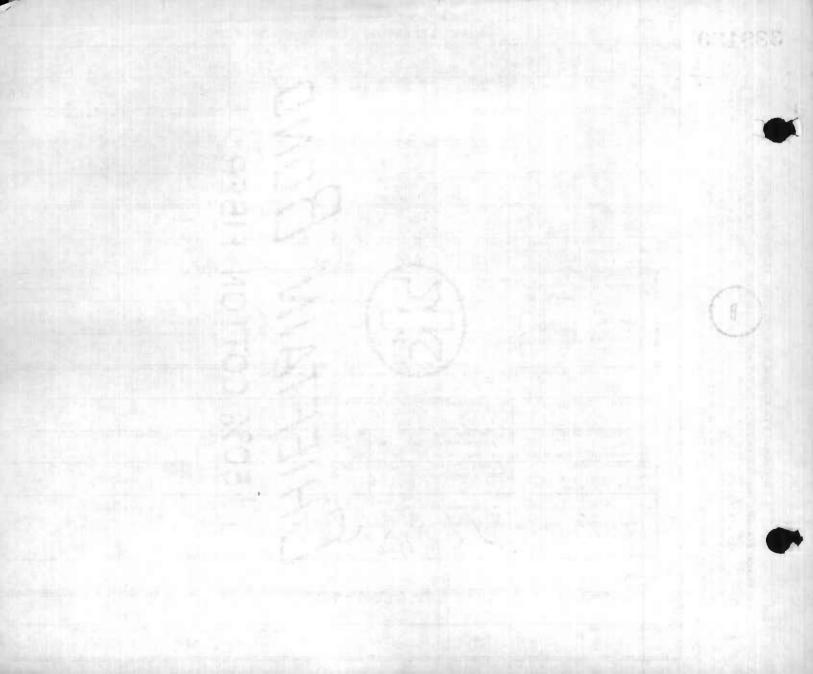
NO

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H REG. NO.	
20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR
11 3	85 2'BM
6 AGE (IN YEARS LAST BIRTHDAY) IF U	NDER I YEAR IF UNDER 24 HRS
9 36 YRS	MIN.
BALTIMORE CITY OR COUNTY OF	DEATH
ED Baltimore	City MD.
ON 128 USUAL OCCUPATION (JULE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OUTUSINESS OR INDUSTRY
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MITS? 130 STREET APORESS	wood Ave
DEN NAME MIDDLE OLK I	N K LAST
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CITY OR TOWN	COUNTY
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apinian death accurred an the date and haur an	d fram the causes stated
	22c. DATE SIGNED
DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN	144183
Exstean Aus V	Balto 21224
ATORY 23d LOCATION CITY OF TOWN	TATE THUC
250. DATE REC'D. BY REGISTRAN 256, REGISTRAN	SSIGNATURE
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DHMH - 16 50M 1/81 (VRA 15, 4)

24 081

			ron.				TE OF MARYLA		- B - 5	3 (0 6	8	3
00			FOR STATE			DEPARTMENT OF		MENTAL HT	DEATH.				
33	9120		REGISTRAR CEASED NAME	FIRST	MEI	MIDDLE MIDDLE	EK 5 CEKTIF	ICATE OF	DEATH	REG. NO.			7
			E OR PRINT	FIRST		WIDDLE	LASI		20. DATE K	MATED []			26 HOUR
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	F. F. S.	3 SEX	4.	RACE	5. DATE OF BIRTH	YEAR LAST BIRTHD			HRS 20 DATE	CED	NTH DAY	YEAR	6:06A
/	ON SUN	n	ale t	lack	1 26	1948 37 Y	RS.		DEAD	1	.1 29	19 85	O.UOA
	REST Y	7a B	RTHPLACE (STATE	OR	76. CITIZEN OF WE	HAT COUNTRY?	8. MARRIED N	IEVER MARRIED	9. BALTIMO	DRE CITY OR CO	UNTY OF D	EATH	
	DAY NO.		N. C.		USA		WIDOWED -	DIVORCED		imore Ci	ty		MD
	SHE SHE	10 C	TY OR TOWN OF	DEATH		PITAL, NURSING HOM	OR OTHER INSTIT	UTION	20 USUAL OCCUP.			ND OF BUS	
	H. IF ANY DELAY IS NECESSARY, PLEASE 7, 2, AND 3 TO THE FUNERALI DIRECTOR. 7.3. RETAIN PAGE 5 FOR YOUR FILES. 2. SYDOULD BE FILED, WITHIN 72 HOURS. 7. RECORDS, 201 W. PRESTON STREET.	B	altimore			Exeter Str	eet		Unemploy			IIIDOSIK	
=	ORD ORD	USU/		IN NURSING HOME O	ROTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSI	ON)	CITY LIMITS? (1:	3e. STREET ADDRES	01000	2	1	
21201	A SECOND	130 3	Md	138. COUN	T Comments	Baltimore	YES X	NO [eter St			
9	1. F	14. F/	THER'S NAME				- A	HER'S MAIDEN	NAME				
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No.		16a \	VAS DECEASED E	VER IN U.S. ARA		COX	Matt	RMANT	Lee	ADDRESS	3100	LKS	
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¥	PEFF		NO LIB CALISE OF D	EATH (Eather and	Para Para	for (a), (b), and (c).)	Mati	Lie L. I	Cox 304	Athol Av		PROXIMATE	INTERVAL
ti.	200		PARTIDEAT	ALMALAC CALICER	n my						BETW	VEEN ONSET	AND DEATH
ĕ/	A BEEN		To do	IMMEDIAT	E CAUSE (o) Et	AS A CONSEQUENCE	OF						
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	EDA EM		gave rise	ta immediate	(b)								
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OND	MEDICAL MEDICAL AS A BU ALTH AN	z	PART 2 UTHER SIGNI	FICANT CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	IINAL OISEASE OR CONDITI	ION GIVEN IN PART	1 102				
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ö	소·하도 급 했다.		216 EXTERNAL O	_	216 TIME OF HOUR A.M	MONTH DAY YEAR	21c. HOW INJUR	RY OCCURRED	LENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	OR PART 2]		
ő	半に合うなり	MEDICAL	CONTRIBUTING	CAUSE OF D				756	to a second			-	
55	A SE	1 8	21d INJURY OCC		21e PLACE (OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOW	N	COUNTY		STATE
۵	A A A A A A A A A A A A A A A A A A A	1	AT WORK	TWORK				be to					
	PEST PO		220 I certify t	hot I toak chara	e of the remains ilm	whed obove, held on	Autopsy .	Inspection	X, Inquiry	ond in m	y opinion		
	ME SEE	24	death resulted	/	ol courses				Undetermined mor		, 0,		
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	A DESCRIPTION OF THE PROPERTY		ACTUAL SIGNATURE	ellen	ico V	missel	AAA	sistant	_MEDICAL EXAMI	D.	ATE 1	1/29/	85
	STREETS -	1			0,7	//	77.00		_MEDICAL EXAMI	NEK SI	GNED	-,,	
	STAN STAN STAN STAN STAN STAN STAN STAN		(TYPE OR PRINT)	WE D	ennis F.	Smoth, M.D.	ADDRESS	111	Penn St.	Balto.	MD.		
	TO MEDICAL EXAMINED: TO MEDICATE EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR. PATER DEATH, WITH THE ST BALTIMORE, MARYLAND. 2	23 a. B	URIAL, CREMATIC		3b DATE	23c. NAME OF CE	METERY OR CREMA		23d LOCATION				
07/84	BP	1	Buri	al	12/5/85	Arbutus	Memorial	Park	Arbutus		COUNTY	MD	
25M			UNERAL DIRECTO	OR .					GD BY REGISTRAR		R'S SIGNATU		
	DHMH - 17 (VR A15 ME (5))	Wi	Miam C.	March	F/H West	4300 Wabasi	Avenue	Ut	3 19	15 stone	skundson	~ Asy	Less.
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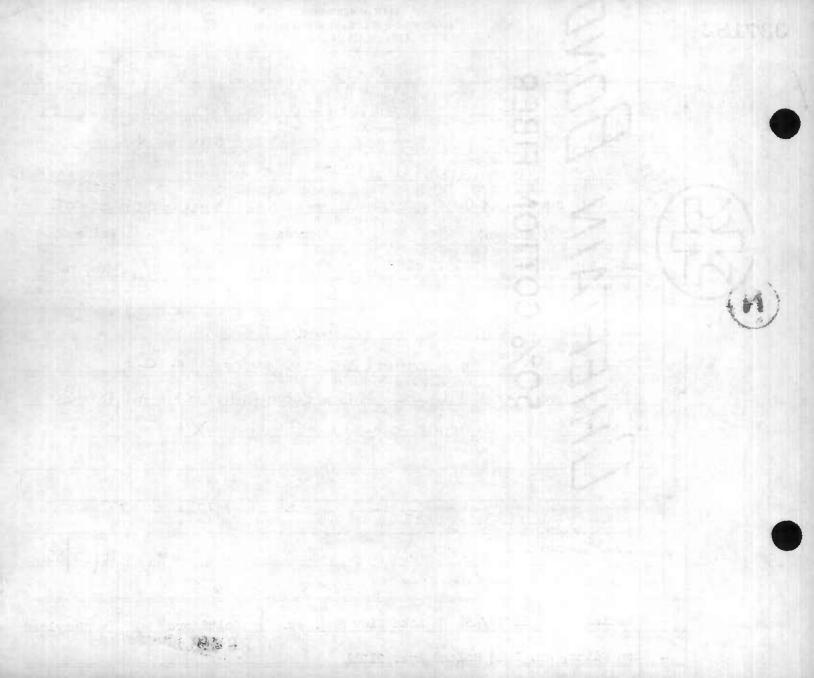


31	1605	5	1-	FOR , STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE S S	3 0	084
e e	me (A		CEASED NAME FIRST	MIDDI	E	(ASI . O X	20 DATE OF DEATH		AR 26 HOUR 5 3:55 PM
зе 4 тоу	softer deat		3 SEX	lale	4 RACE	To the	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I	
	neral dire	ZF		RIHPLACE (STATE ORFOREIGN OUNTRY) Cyland	76 CITIZEN OF WHA		8 MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEAT	TH MD.
rs ofter d	by the fu			ALTIMORE	(IF NOT IN SUCH FAC		ADDRESS)	R OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		ND OF BUSINESS OR
n 24 hau	filled in rould be		13a S	RESIDENCE (IF NURSING HOME OF TATE 136 COUP aryland	VTY 13c	RESIDENCE BEFORE CITY OR TOW altimor	N	YES NO	13e STREET ADDRESS / 4 N. Rosed	zip code ale Stree	t 21229
G	mel 3	00		THER'S NAME PIRST Manson	CO			15 MOTHER'S MAIDEN NAM Fannie	MIDDLE	DAv	i S
1	3/2	/	160 W	AS DECEASED EVER IN U.S. AR	E WAR OR DATES!	13-07-3		Leonard Cox	3344 Dolfie		
rtificate	physicia	event, im		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	Ny one couse per line D BY:	for (0), (b), one	d (ct.)	occurleal	Infere fri	BETY	PROXIMATE INTERVAL WEEN ONSET AND DEATH
that the death ce	d by the attending lease remove carb ral, cremation, or r			Conditions, if any, which gove rise to immediate couse (01, stating the underlying couse lost	DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUE	NCE OF	enotic ca	ADIO VASC	ucan Di	32832
equires	n signed Then ple r ta buria	mfory.	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO [DEATH BUT	NOT RELATED TO THE TERMI	nal disease or cond	DITION GIVEN IN PAI	RT No
The law	has been to permit	9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	N FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FI IN CERTIFYING CAI YES [NDINGS USED USES OF DEATH? NO
CIAN	certificate rial-transi	a		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.		YEAR	21c. HOW INJURY OCCURRI	D (ENTER NATURE OF INJUR	IN ITEM 18 PART OR PAR	T 2)
ZG PHY	fiter this os the but hond Me	5	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF II		ARM ETC)	211 LOCATION STREET	CITY OR TOV	- 0/	Y STATE
TENDI	CTOR: A	SH 5171		22a I certify that (I) (this hospin sow the deceased alive an above, (I) (we) (did) (did no	11-5	19_1	0 /	d that in (my) (opinion d	to No CM	17	11101 (1) (400) 1031
TALOR	RAL DIRE			226 SIGNATURE	otenou	gels	М	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F 22c [11-5-1985
O HOSPIT	TO FUNERAL should be deti			JOSEPH >.	NOTAN				r. PAUL F	2468-	BALTIMOR
	BP		- 61	BURIAL BURIAL	23h DATE 11/12/			eran Cemetery	23d LOCATION CITY OR TOWN Crownsvi		STATE Md.
DH	MH 16 60M 7 (VRA 15, 4)	784		NERAL DIRECTOR Arch Funeral Ho	mes 1101	East No	rth A	Venue 250 DATE	0V 0 7 1985	46 RECEIPTRANS STO	MATUR PANDALL

33045 STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME YPE OR PRINTS NOVEMBER 13, 1985 RYAN 11:39 CRAFTON 4 RACE 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR MAL 1985 BIRTHPLACE, I STATE OR FOREIGN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE THE JOHNS HOPKINS HOSPITAL UAL RESIDENCE IN NURSING HO 130 STREET ADDRESS / ZIP CODE 30 STATE 13d. INSIDE CITY LIMITS? FATHER'S NAME 15 MOTHER'S MAIDEN NAME PAMIELA DWIRE CONALI 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) FAMILY RECORDS 思 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: 0 CARDIOUASCUCAR UNRESPONSIVENESS 30 Min IMMEDIATE CAUSE (D) HIAMS DUE TO, OR AS A CONSEQUENCE OF. 8 Itrs Hypoper Fusion Conditions, if ony, which gove rise to immediate couse (b), stoting the DUE TO, OR AS A CONSEQUENCE OF BIRTH (5 DAY) S underlying couse lost. Hereric STENOSIC H ENN SEPTISC VENTRICUL AR 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? DR 11-13-85 HORRE STENOSIS USD YES T 210 ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER VATURE OF INJURY IN ITEM 18 PART LORPART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 71e PLACE OF INJURY 21f LOCATION NON COUNTY CITY OR TOWN STATE AT HOME STREET, FACTORY OFFICE, FARM, ETC) AT WORK AT WORK 11-70-85 220.1 certify the (1) this haspital) attended the deceased from. S saw the deceased alive an above, (I) (we) (did) (did not view the body after death. K 19 85 _, and that in (com apinion death occurred on the date and hour and from the causes stated SED 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF 11-13-85 PHYSICIAN DIRECTOR PHYSICIAN RELI WOLFESTREET BALTO, MD. 21205 SUHOL HOPKEUS +55PLTAC 23a BURIAL, CREMATION, REMOVAL 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION DALTO, CO. MIN DISO DATE REC'D. BY REGISTRAR 256 HEGISTRAR'S SIGNATURA CONTRACTOR OF TOOL DHMH - 16 60M 7/B4 (VRA 15, 4)

13,00 010 NA COLLEGE AND STREET \$B/E0/42

337182	1.	FOR STATE	DEF	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG	IENE 8 5	3 0	0 5 5
		REGISTRAR			CATE OF DEATH	REG. NO		1
0 m E		CEASED NAME FIRST	MIDDLE		.51			YEAR 26 HOUR
nay be page 3		Josep			rasneli			OS I DW
frer p	3 SE	Market No. 1	4 RACE	5. DATE O	F BIRTH YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS MONTHS	DAYS HOURS MIN.
recto ors o		MALE	C	07	18 15	70	YRS	
2 ho d		COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	ATH
de of de of		Maryland	USA	WIDOWE	DIVORCED	Baltin	nove City	MD
The fired	10 C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE			120 USUAL OCCUPATION		KIND OF BUSINESS OR USTRY
by thed		Baltimore City	Mercy Hox	spital	21202	Retired		WIDN RAILRO
4 how	13a	AL RESIDENCE HE NURSING HOME OF COUNTY	OTHER INSTITUTION CIVE RESIDENCE	E BEFORE ADMISSION	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	21211
filled hould to		0	Lthmore City		YES X NO		weett	Street
rithii 2 sh	14. F/	ATHER'S NAME	NIDDLE LA	ST	IS MOTHER'S MAIDEN NA	ME		LAST
pood oud			unknown)		Theresa	Middle	F	Raimondi
d co		VAS DECEASED EVER IN U.S. ARA		L SECURITY NO.	17 INFORMANT	ADDRE	SS	
e o o e		Www.	TI TOS-10	0-8798	ROSSINI,	mD r	MERCY +	+USPITAL
1	1	18 CAUSE OF DEATH (Enter onl	y one couse per line for (a), ((b, and ic.)			BE	APPROXIMATE INTERVAL
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		WWW	DUE TO, OR AS A CON					
1		Conditions, if ony, which	24 111	Sustem	Failure			
a de la contra		gove rise to immediate couse (a), stating The	DUE TO, OR AS A CON	1		PERMIT	S	
by the other		underlying cause last	Al ha	COSC PLAT	ic Cardio uas	revolve dis	easc	
ple und	16	PART 2 OTHER SIGNIFICANT C						ART 10
Then to b	NO N	Congestive	Heart Fa	Juve.	Chronic Rena	I failure.	No Arra	Hamis
orior only	ATI	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE	FINDINGS USED
hos hos	CERTIFICATION	11 13 85	Ischen	nic Bo	wel	YES TI NOW	YES T	AUSES OF DEATH?
ysició coresit dygin	ER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		216 HOW INJURY OCCURE			
Clar physical stoll		OR CONTRIBUTING CAUSE OF DEAT		H DAY YEAR				
ding ding Mer Mer	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			
G Prenther the ond ond	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, C	OFFICE FARM ETC)	STREET	CITY OR TO	wn cou	JNTY STATE
DIN OITH		22a I certify that (I) (this haspite	oli attended the deceased t	from 11 12	10 85	10 11 27	10 83	S, That (I) (we) lost
TEN TOR OF HE		sow the deceased alive on_	11/27	Och	d that in (my) (our) opinion	death occurred on the do	ate and hour and fire	
R ATTI hospit RECTC hed for ept of tem 21		obove, (I/ v/e) (did) (did not) view this body after depay		EGREE			DATE SIGNED
toch toch		Mulent	En X	Dough	ATTENDING	MEDICAL STAF	F	11 27 85
PITA by by by Stort Stort ANT		22d. PHYSICIAN'S NAME (TYPE OF	LPRINT]	1	220 ADDRESS	DIRECTOR PHYSIC	IAN [X]	11 21103
HOSI FUN Pould b			OSSINI, JR,	M.D.	MEDAL	Mac - 0/1		
TO HOSPITA retained by TO FUNERA should be de with the Stot	22	William Cost	Tani Save	122 144-5	Joichey	TOSPOTAL		
	230	BURIAL, CREMATION, REMOVAL	236 DATE		METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	Y STATE
BP	24.5	Burial	11/30/85	Lake V	iew Mem. Pk.	Baltimo	re	Maryland
DHMH - 16 60M 7/84		UNERAL DIRECTOR		DRESS	250. DA	1 2 9 1988	CHARLES BOOK OF THE PARTY OF TH	Blowing
(VRA 15, 4)	A	. Alan Seitz. J	r. 3818 Rolan	d Ave 2	1211		0 4.	



STATE OF MARYLAND

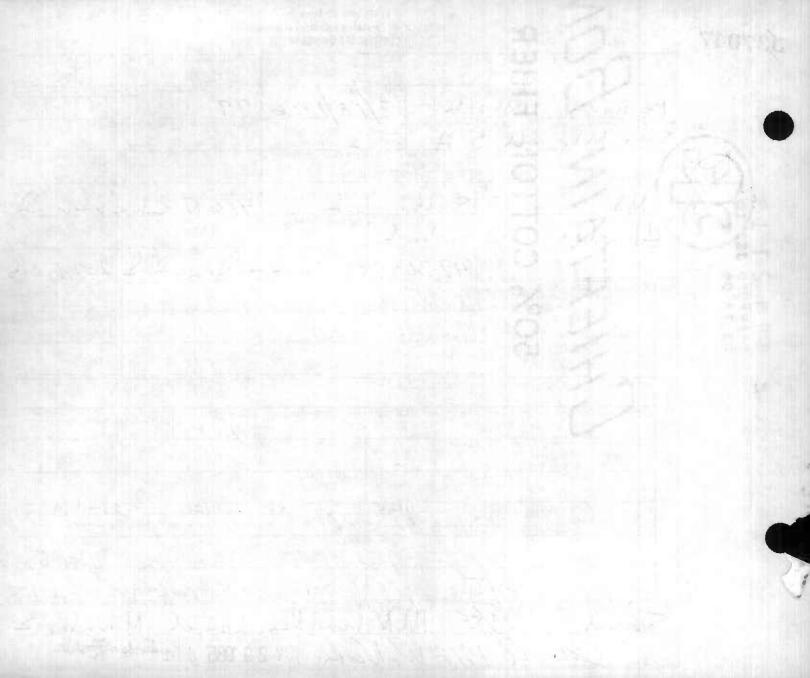
DEDARTMENT OF HEALTH AND MENTAL HYCIENE

1 -	STATE REGISTRAR		DEFAR	CERTIF	ICATE OF DEATH	DIENE	REG. NO.			1
	CEASED NAME FIRS	it it	MIDDLE	Į.	A51	2a DATE OF	F DEATH MO	NIH DA	AY YEAR	26. HOUR
TYPE	JESS	TE			CRAWFORD	11/	28/85			7:30AM
SE		4 RACE		S. DATE C			YEARS LAST BIRTHDA	AY) I	F UNDER 1 YEAR	IF UNDER 24 HRS
L		1001		MONTH	DAY YEAR	Ma			ONTHS DATS	HOURS MIN.
	emacc	91	A CH	2/	18/1906	/ /	NOT CITY 00 C	YRS.		
a Bi	IRTHPLACE (STATE OR FOREIG	76 CITIZEN	OF WHAT COUNTRY	MARRIEI	NEVER MARRIED	BALTIMO	RE CITY OR C	OUNTY	OF DEATH	
K	MY. MY.	U.	2.14.	WIDOWE		RAL	TIMORE	CTTY		MD
0 0	ITY OR TOWN OF DEATH		OF HOSPITAL, NURS		OR OTHER INSTITUTION		OCCUPATION			F BUSINESS OR
A	BALTIMORE		HOPKINS		AL	THE OF WOR	K TOK MOST OF W	OKKII 40 EIFE	IIIOOSIKI	
	AL RESIDENCE (IF NURSING HO			RE ADMISSION)	134 INSIDE CITY LIMITS?	112 STREET	ADDRES\$ / ZI	n cons	2/1	130
	Ma	COBITIT	mu	7 1	YES NO	14/6	e Vi	h	e 51	er D
4 F A	ATHER'S NAME		4		15 MOTHER'S MAIDEN NA	AME				
(1 houles	WIDDIE	rows	w/E	FIRST		MIDDLE		LAST	ı
	WAS DECEASED EVER IN U.			URITY NO.	17 INFORMANT	d	ADDRESS	~ 0		
-{	YES NO OR UNKNOWN) (IF	res, GIVE WAR OR DATE:	1717-3	6479	14- Juss	,-e (°	rause	Jun 2	- 26%	175 Or
=	18 CAUSE OF DEATH (En	ter only one cours	ner line for (a) (b) o	indici)					APPROXI	MATE INTERVAL
	PART 1. DEATH WAS C	AUSED BY	Mardia		int				-	min.
	IMM	EDIATE CAUSE (a)							70,	min.
		DUE TO	ORAS A CONSEO		+				25 n	
	Canditians, if any, which		Keynia	lon a	west				001	ma.
	cause (a), stating t	he DUE TO	OR AS A CONSEO	UENCE OF						
	underlying cause la	st. (c)								
	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEAS	E OR CONDIT	ION GIVE	N IN PART 110	
CERTIFICATION										
AT	190 DATE OF OPERATION	196 CO	NDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTO			WERE FINDIN	
H						YES	NOU	V CERTIFY YES	ING CAUSES	OF DEATH?
E	21a. ACCIDENT WAS UNDERLYIF	NG 7 216. TIM	E OF INJURY		21c. HOW INJURY OCCUP	RED (ENTER NA				
	OR CONTRIBUTING CAUSE	OF DEATH	A.M. MONTH							
2	(IF EITHER NOTIFY MEDICALEX		P.M.	19	21f. LOCATION					
MEDICAL	21d INJURY OCCURRED		CE OF INJURY STREET, FACTORY, OFFICE	FARM ETC	STREET		CITY OR TOWN		COUNTY	STATE
	AT WORK AT WORK	3								
	22a.1 certify that (1) Ithis	haspital) attended	the deceased from	11/24	19 85	10	11/28		985	tha 🕡 (we) last
	saw the deceased all above (II) (we) (did) of	ive on	19_ ody after death	85° . ar	id that in (my) (aur) apinian	death accurre	d an the date	and haur	and from the	causes stated
	225 Signification	1 1	1	1	LGREE				THE DATE:	SIGNED
	Thains	104	otti -	mi	ATTENDING PHYSICIAN (MEDICAL	STAFF STAFF		1/1/2	8/85
	224 PHYSICIAN'S NAME	TYPE OR PRINT!	1.1		22e ADDRESS	. DIRECTOR	7		11/2	100
	Flains	C He	Pla		(000 N 11	1484	- Pm	1hm	re M	D7120
	Luna	7,77	A 150	MANE OF C	W. W.	JUNION.	100	anno	10111.	12100
0	BURIAL CREMATION, REM	OVAL 23b AME	4 / 4	MIL OF L	EMETERY OR CREMATORY	A SO LOCA	ALION			A 4

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

NOV 2 9 1985



325058	FOR - STATE REGISTRAR		STATE OF MARYLAND NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	30583				
. m.c	I DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR 906				
deog y	JOSE		CREEK.	//	10 0- 1 PM				
ge 4 mo ector. pc rs ofter p	3. SEX Male	4 RACE B	DATE OF BIRTH MONTH DAY YEAR 25 21	6 AGE JIN YEARS LAST BIRTHD	YRS IF UNDER 1 YEAR IF UNDER 24 HRS				
eoth. Po	To BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	TYCYA	MARRIED NEVER MARRIED UVIDOWED DIVORCED	Baltimore					
by the fu	BALTIMERE	IT. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD SINH! HOSPITA	PRESS)	176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W					
BALTIMORE, MARYLAND 2120 COTE OF EXECUTED HITH 22 hours OF Pages and 2 there he filted The filter and the filter in by	MD Ca	or other institution give residence before adulty 13t. CITY or town 1 Chesapeak	Seach 34 INSIDE CITY LIMITS?	134.STREET ADDRESS / Z Box 41	20732				
MARYL.	FATHER'S NAME FIRST Horace	MIDDLE LAST Creek	15. MOTHER'S MAIDEN NA FIRST Helen	ME MIDDLE	Chase				
RE,	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL SECURIT	YNO. 17. INFORMANT	ADDRESS					
IMC	no	218-12-41	63/4 Clarice Cr	eek Box 41 (Chesapeake Beach, Md				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. ING PHYSICIAN The law requires that the beach continued the continue that the beach continued to the burial from the continue that the continue t	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICAN	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF							
L'ALLE L	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED		ROD. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO				
SCIN THE SECTION T	OB CONTRIBUTION CALLES OF	DEATH HOUR A.M. MONTH DAY	YEAR 19	RED (ENTER NATURE OF INJURY I					
NVISION AG PHYS orthorities of the burner	(# EITHER NOTEY MEDICAL EXAMI	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	211 LOCATION STREET	CITY OR IOWN	COUNTY STATE				
ATTENDIP SSpiral or SCTOR A of for use of for use of the off	sow the deceosed olive above, (1).(we) (did) (did	spital) attended the deceased from on 11/0 19 8.			ond hour and from the causes stated				
O D E P	226 SIGNATURE	Zny Place	DEGREE ATTENDING	MEDICAL _ STAFF	DATE SIGNED				
O HOSPITAL etoined by the TO FUNERAL should be det with the State	Fishel Zev Liberman SINAI HOSPITAL BALTIMORE, MD.								
5 € 5 € 3 ₹	23a BURIAL, CREMATION, REMOV	AL 236. DATE 231 NA	ME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE				
BP	Burial	Nov. 14, 85 St.		. Sunderland	Calvert Md				
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR	D. 24 D. ADDRESS	rederick. Md why d		REGISTRAR'S SIGNATURE				
(VRA 15, 4)	Thencer I Sewell	Box 31. Frince B	rederick. Manhy	O soors as					

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hev. in, 85 St. Mannen Crr. Sen. Againstant Clivert

339158	1.	FOR STATE REGISTRAR			CERTIFICA	MARYLAND TH AND MENTAL HYO TE OF DEATH	REG. N		0 0	8 1
000200		CEASED NAME FIRST	WIDDIE		LAST		28 DATE OF DEATH		DAY YEAR	26 HOUR
A 50		WILL	1 10 10 10 10 10	elds		GHTON	NOVEMBER	19,19	985	02:35 RM
F and and	3 SE	WHE	White Oct. 16 CITIZEN OF WHAT COUNTRY? 8 MARRIET		S. DATE OF BIRTH MONTH DAY Oct. 30, 1938 8. MARRIED & NEVER MARRIED WIDOWED DIVORCED		6. AGE (INYEARS LAST BIRINDAY) LE UNDI			R I YEAR IF UNDER 24 HRS DATS HOURS MIN.
1 10 12	70. B	RTHPLACE ISTATE OR FOREIGN COUNTRY BY HIS BUTGH					BALTIMORE CITY OF COUNTY OF DEATH BALTIMORE CITY MD.			
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OFF	USU 13e	AL RESIDENCE (# NURS 1) ME COU	OR OTHER INSTITUTION GIVE P	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSI		INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE COUNT COUNT			1050
		ATHER'S NAME	MIDDLE	Eighton	15	MOTHER'S MAIDEN NA	MIDDLE		FIELD	ST
XAMIN		WAS DECEASED EVER IN U.S. A	OUT WAR ORD ATER	SOCIAL SECUR		MES. BEHY L.	879-1162 ADDR 130	C BEAL		Jan 1 21050
The second section in the second second		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line t SED BY	or (0), (b), and	lici i		weet		BETWEEN	ONSET AND DEATH
RELEASEBAREORGAN WITTON OF THE MEDICAL or offending physician. After this certificate has been signed by mergan es as the bill the tip permit. Then please tooth and A mind the one prior to buriof marked or team is nown only injury! or appearance.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (01, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 198 DATE OF OPERATION	196. CONDITION	ACONSEQUENTED TO DE	NCE OF EATH BUT NO ENE DEFERTION W	RELATED TO THE TERM	MINAL DISEASE OR CON TOOL TOOL YES NOT	206. IF YES	, WERE FINDI	NGS USED
DVSION SEVE COROLLAND PHYSICIAN: To other this certifical of site by the several control of the order of th	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (HE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M.	MONTH DAY	19	LOCATION STREET	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P.		STATE
RETO TO HOSPITAL OR ATTENDING TO STATE TO TO THE TO	+	WHILE NOT WHILE AT WORK 220 I certify that (I) this hasp sow the decreased alive or there. (I) which has a sound of the control of the contr	on PRINT	eosed from 19 8 death, 19	DEG	ATTENDING PHYSICIAN [deoth occurred on the d MEDICAL STAL DIRECTOR PHYSIC	ate and hour	78 91	that (I) (we) lost couses stated
ВР		SPECIFY A	Nov. 22,19	85 Rec	k Spring!	TERY OR CREMATORY	23d LOCATION CITY OF TOWN	Harford	COUNTY MARYLI	and 21050
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FI	MERAL DIRECTOR TOS	HET SOW B	MANGLAN	M ZIOIX	MOV 2	E REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNATI	URE

E. Patapsco

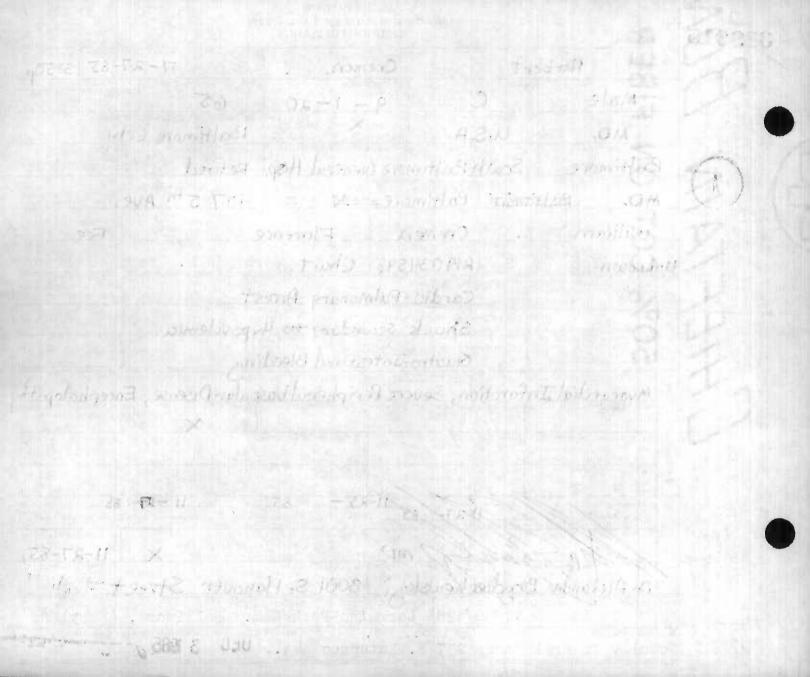
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Homes

- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



BAITIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO			
V		CEASED NAME OR PRINT)	Alice	M.	AIDDLE C	reydt	ASI	20. DATE OF DEATH A	MONTH DA	Y YEAR	2b HOUR
	3 SEX	(4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTH		UNDER YEAR	IF UNDER 24 HRS
3]	Female		White	White		8-1899 YEAR	86	YRS	DA73	min.
1		BIRTHPLACE (STATE OR FOREIGN)		76 CITIZEN OF WHAT COUNTRY? 8		8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
1		Md.		U.S.A.		WIDOWE	DIVORCED	Balto. C:		1,150	MD.
		TY OR TOWN OF	DEATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET A	ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPATION OF WORK FOR MOST OF Housewife		12b. KIND O INDUSTRY	F BUSINESS OR
E	USUA 130 S		NURSING HOME O		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Balto.		13d INSIDE CITY LIMITS?	3211 Montel	ZIP CODE Dello	Terr.	21214
	14 FA	Samuel	MIDDLE	Heary		15. MOTHER'S MAIDEN NAMERS	AME T. Hupka				
	Ida V	WAS DECEASED EVER IN U.S. ARMED FORCES		RMED FORCES?	166 SOCIAL SECURITY NO. 17 INFORMANT			ADDRES	SS		NO TON
		No		AE MAK OK DATE?)	213-46-2259 Goff C. Coc			nran, 8730 Lackawanna Ave. 21234			
		18 CAUSE OF DEATH (Enter only one cause per line for 10, (b), and ic: PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) REPLY VALUE OF DEATH (Enter only one cause per line for 10, (b), and ic: PART I. DEATH WAS CAUSED BY.							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Z		Conditions, if ony, which			RAS A CONSEQUENCE OF GENERALIZED ASCUP					541	· (.
		gove rise to immediate couse (a), stating the underlying couse last (c)									
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
9	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR			TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES YES			
	EDICAL CER	216. ACCIDENT WAS UNDERLYING TO COURT OR CONTRIBUTING CAUSE OF DEATH CIF ETIMER NOTIFY MEDICAL EXAMINER) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19						RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I ORPART 2)			
	MEDI		Y OCCURRED 218. PLACE OF INJURY (AT MOME STREET FACTORY, OFFICE, FARM, ETC.) 218. LOCATION STREET					CITY OR TOWN COUNTY STATE			
		22a.L certify the	at (I) (this hasp	ital) ottended the	e deceased from	. 1	-1 10 (1)	to 11 -1	10	81	that (I) (we) last

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT. If he

Jaime M. Punzalan, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE

saw the deceased alive an above (1) (we) (did) (did not view the bady after death

22d PHYSIL AN'S NAME (TYPE OF PRINT)

22e ADDRESS

Parkwood

DEGREE

5214 Harford Rd.

230 NAME OF CEMETERY OR CREMATORY

23d LOCATION Balto., Md.

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

COUNTY

STATE

Burial 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc., 5305 Marford Rd.

11-4-85

and that in (my) (aur) apinion death accurred on the date and have and from the causes stated

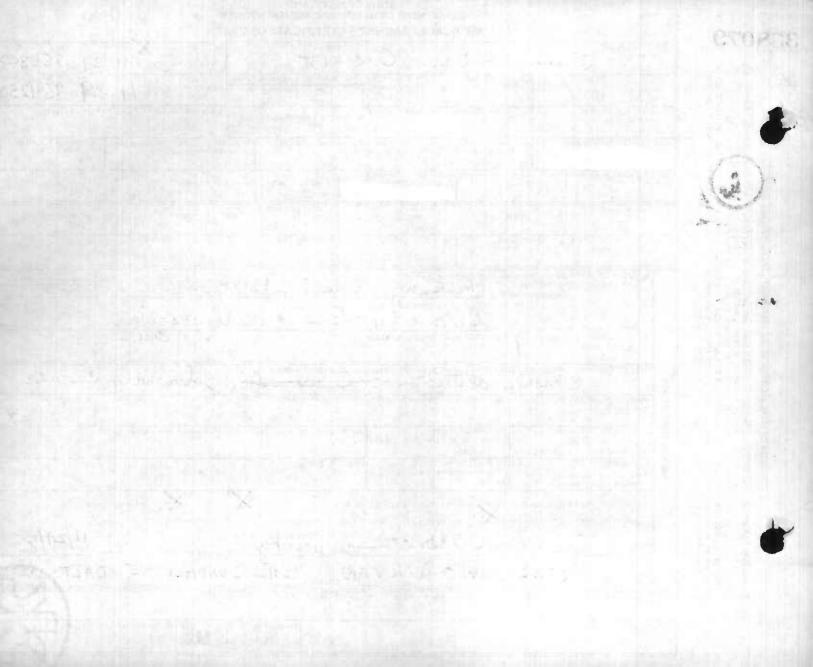
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

22c. DATE SIGNED

City of the control o

. Torntong chee

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226	079		STATE REGISTRAR		WEI	DICAL	EXAMINE	R'S C	ERTIFIC	ATE OF		REG.				7
330	WWW.		CEASED NAME E OR PRINT) %	James	And	MIDDLE	C	local	e #	Sr.	OF.	ESTI-	11		YEAR 19 85	26 HOUR
DK.	RECTOR PLEASE THE PLEA	a sex		RACE lack	S DATE OF BIRTH	22	6. AGE (IN YEAR LAST BIRTHDAY	MONTH		FUNDER 24 I		UNCED	MONTH	29	YEAR \$5	24 HOUR
213	S NECESSAR F FUNERAL D E S FOR YOU D, WITHHIN?	7a. BI	RTHPLACE (STATE REIGH COUNTRY) i rginia TY OR TOWN OF	OR	U.S.A.	TRY?	MARRI			Bai	Baltimore City Baltimore Cit					
		USU/		1136 GOUNT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	estnu	t Avenu				Labores STREET ADD 234 CI	RESS	Avon	Bet	h Ste	eel
RE, MD. 2	FR DÉATH. PAGES 1, CORM. PM. ES TAMD 2 NUME RE		ATHER'S NAME ISAAC	1 54.0	MIDDLE	ocke	LAST		15 MOTHER'	SMAIDENT	NAME	MIDDLE	Hu	-	LAST	. 9
BALTIMORE,	JRS AFTER D 3. GIVE PAG WITH FORM I. PAGES D DIVISION O	160 \	VAS DECEASED E ES NO OR UNKNOWN YES	VER IN U.S. ARA) (IF YES, GIVE V	MED FORCES? WAR OR DATES)		-12-032		JAmes		rocket	ADDRE t, Jr.3			Road	
CORDS, 201 W. PRESTON ST.	UTED WI IN PENK EXAMIN BIAL - TR. D MENT	NO	Conditions, gove rise couse (a) sto lying couse (IMMEDIAT If any, which to immediate oring the under- last.	CONTRIBUTING TO COATH	AS A COM	ISEQUENCE O	pert	ensing or condition of	mfar re ca	etris	rasce de Imor	lar	2	Seal	
DIVISION OF VITAL RECORDS,	CERTIFICATE SHOULD TING THE WORD "PER PER TO THE CHIEF N 3 SHOULD BE USED A DEPARTMENT OF HEA I PRIOR TO SHEAL, C	MEDICAL CERTIFICATION	210 EXTERNAL C UNDERLYING CONTRIBUTING	AUSE WAS	216 TIME OF	INJURY MONTH	19	21c. HC			ENTER NATURE OF	injury in item	18 PART 1 OR I	,	UTOPSY?	NO X
Na	TO MEDICAL EXAMINER: THIS CER' EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3.SI AFTER ORATH, WITH THE STATE DEP	WE	WHILE AT WORK	NOT WHILE CAT WORK That I took charge from: Natur	e of the remoins described a courses A	cribed obo	ve, held on Suic	Autopide M	TREET	com	Inqui Undetermined MEDICALEX.	manner	ond in my o	. 11	1/29/	STATE 85
	DHMH 17 (VR A15 ME (5))	24 F	URIAL, CREMATIO BURIAL UNERAL DIRECTO	DR .	12/4/85 Dmes 1101	Mo	North	ran	R CREMATOR Cemete	ry	Crowns On By REGIST	ville,	co) GISTRAR'S	SIGNAT		ď.
	20M 4/82															



33'70	91	1.	FOR STATE		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE 8 5	30693
0010			REGISTRAR Elizabet		CERTIFICATE OF DEATH	REG. NO	
en e			CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
1 55			Eliza	beth h.	(COW)	MAGIN	her 18 85 5:308 A
2 4		3:58		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR IF UNDER 24 HRS
7 85		5	= ~ = ==	White.	MONTH DAY YEAR	(MONTHS DATS HOURS MIN.
8 13	no	74.8	THILACE ISTATE OR FORE ON	76 CITIZEN OF WHAT COUNT	RY? 8	9 BALTIMORE CITY O	R COUNTY OF DEATH
4 10	25/2	m	COUNTRY)	1150	MARRIED NEVER MARRIED	1014	0 7
1 10	16/	10 0	TY OR TOWN OF DEATH	NAME OF HOSBITAL NULL	WIDOWED DIVORCED C		
1) 11	38	9	altimore/	SIFNOT IN SUCH FACILITY GIVE ST		120 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
3 51	101	13a	RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BY	FORE ADMISSION)		11110
1 1 1 1	197	M		ford Stre	OWN 138 INSIDE CITY LIMITS?	136 STREET ADDRESS	ZIP CODE
2 37	In.		THER'S NAME		15 MOTHER'S MAIDEN N		17 11711
1 17	14	V		MIDDLE	O FIRST	WIDDLE	CL IAST
1 1/	0 0	160 \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	ADDRE	" TEWALT
1 23	1		YES NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	74 4ng & Par 1 1 C	1 101/	Street, MD
2 12	V	_	NO	7/4	al-108 / au/ H.Cr	OW/ 101 C	herry Hell 150ad
oppo oppo	100		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly one cause per line far ial, (b)	, and ie		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 40	11			E CAUSE (a) W	phoma		22455
4 99	0 0	10		DUE TO, OR AS A CONSE	OUENCE OF		
de de	Unit D		Conditions, if ony, which	(b)			
2 25	1 1		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OHENICE OF		
1 21.	5 45		underlying cause last.	DOE TO, OR AS A COINSE	OOLINCE OF		
1 11	9 6		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONF	DITION GIVEN IN PART LO
1 84	2 2	NO.	THE PROPERTY AND ADDRESS.				
1 27	177	Y.	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
1 21	159	莱					IN CERTIFYING CAUSES OF DEATH?
E 3 4 3	211	CERT	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121r HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	YES NO
34 41	0 - 4	3	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	A FLAIGH AN ONE OF GASON	. William to Pake (Ok Pake 2)
10 00	11/	2	(IF EITHER NOTIFY MEDICAL EXAMINER		19		
五日 五日	9 9	MEDIC	MARIE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFI	CE FARM ETC) 21f LOCATION STREET	CITY OR TOV	VN COUNTY STATE
No Ta	o to		AT WORK				3
O	8 8		22a 1 certify that 🐧 (this haspit	0 10 1 10	m 100 Mal 1985	10 100 veg	that (we) lost
E & C 2	5.6		saw the deceased olive on above, (1) (we) (did) (did no		ond that in (rev) (our) opinion	n death accurred on the do	te and hour and from the causes stated
o he had so he h	New York		226 SIGNATURE	2001.	DEGREE		ZIL DATE SIGNED
(일본 검토)	2 2		Mussel	Ma Le Luca	ATTENDING PHYSICIAN	MEDICAL STAF	
HOSPITT HUNERS Ad he d	3 1	1	224 PHYSICIAN'S NAME LTYPE O	R PRIMI	22e ADDRESS	- DIRECTOR - FITTSIC	7
NO.	1 6		RUSSELIR.	Q-111ca	27 <	Ha Cono.	act Q.Of.Md
54 54	13-	23a i	JURIAL, CREMATION, REMOVAL	1236 DATE 1 2	31 NAME OF CEMETERY OR CREMATORY	123d LOCATION	E) 1. 1/2001, 119.
D.P.		230	DIRIAL, CRIMATION, REMOVAL	11/2 /05	1/2	CITY OR TOWN	COUNTY STATE
BP		24 5	JNERAL DIRECTOR	11/2/83	MICHLAND CEM.	STREET	HARFORD MD
DHMH - 16 60		29 1	NAME	ADDRES	55 C D 250 DA	ATE REC D. BY REGISTRAR!	SS REGISTRAR'S SIGNATURE
(VRA 15,	4)		OHN HARKII	WI GAR PAIN	IT MATHERINA	ADE MOSE OF	Cardinal Company



1/	1.	FOR			E OF MARYLAND EALTH AND MENTAL HYG	8 5	3 0 0 7 -
4	1.	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
331086		CEASED NAME OR PRINT)	M WIDDI		RUSSE	20. DATE OF DEATH MOI	120 85 1022 PM
e 4 moy bu	3 SE	F	1. RACE	5 DATE (6. AGE (IN YEARS LAST BIRTHDA	YRS.
death. Poguneral direction 72 hours	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH.	AT COUNTRY? 8 MARRIE	D NEVER MARRIED DIORCED D	9. BALTIMORE CITY OR C	
s after de by the fur iled within		Baltimore	F.S.	SPITAL, NURSING HOME (CILITY, GIVE STREET ADDRESS) Key Med. Cen		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Homemaker	ORKING LIFE) INDUSTRY
filled in fould be f	13a	AL RESIDENCE (IF NURSING HOME) STATE 13b CC	OUNTY 13c	ERESIDENCE BEFORE ADMISSION) CITY OR TOWN Baltimore	134 INSIDE CITY LIMITS?		Street 21224
of other cases of the cases of	14. F	ATHER'S NAME FIRST Frank	WIDDLE	Smalek	IS MOTHER'S MAIDEN NA	WIDDIE	Welczyk
dedicol /		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) 115 YES, NO	GIVE WAR OR DATES)	217-01-1347	Mr. Henry Cr	usse, Jr.	Balto., Md. 21239
phy panty cont. the medico	Г	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line JSED BY NATE CAUSE (0)	ardiac	arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
tending ve corba on, ar re		Conditions, if any, which		S A CONSEQUENCE OF	I Infarct	han .	24 hro
by the o sse remo , cremot		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS	SACONSEQUENCE OF OVO NAM	When die	rease	Years
signed hen plec to burial jury, or	NO	PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONT	RIBUTING TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
on. The low requi	CERTIFICATION	19a DATE OF OPERATION	196. CONDITIO	N FOR WHICH OPERATIO	ON WAS PERFORMED	20e AUTOPSY? 21	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
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ING PHYSICIAN: The rotated physicion of the burditrons is os the burditrons in the ord Mentel Hygies in orked or item 18 shounted or item 18 shoun	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
S S S S S S S S S S S S S S S S S S S		22a I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did)	on 11/20	19 85	nd that in (my) (our) apinion	death occurred on the date	and hour and from the causes stated
the Dep		276. SIGNATURE	hin 1	er deom.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	224. DATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be detoined in the State Imprortant; if		226. PHYSICIAN'S NAME (IN	PRICH!		220 ADDRESS FRANCI	s Store K	EX Medical Center
Of of Shape		BURIAL, CREMATION, REMOV	AL 23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	NOTIFIE AND A STATE OF THE STAT
BP		Burial	11/25/8	Sacred	Heart Jesus	CITY OF TOWN	Baltimore. Md.
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR			25a DA	TE REC'D. BY REGISTRAR 256	
(VRA 15, 4)	W.	alter Dabrowsk	i - 1005 Du	ndalk Ave. 2	1224 N	JV 25 1985	a sovidson Alanders

19Jung . Sev (sh . C. . Delite ore X v lane Utret 2024

2 21/-01-1347 Mr. Henry Crusse, Jr.

A LUCE CHEST - 1105 REPORTED THE

L.Cimoze, M.

Balto., Cd. Miss

MARYLAND 21201

BALTIMORE,

W. PRESTON ST.,

DIVISION OF VITAL RECORDS, 201

FOR

- STATE

(TYPE OR PRINT)

SEX

REGISTRAR

Ja BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

Baltimore

Salvatore

PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which gove rise to immediate couse (a), stoting the

underlying cause lost.

21d INJURY OCCURRED

77h SIGNATURE

(YES, NO OR UNKNOWN)

Salvatore

13b. COUNTY

MIDDLE

(IE YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a

4. RACE

. DECEASED NAME

Male

Maryland

Maryland

14. FATHER'S NAME

130 STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH MONTH 26 HOUR A. November 9,1985 Culotta 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IE UNDER TYEAR IF UNDER 24 HRS. MONTH White July 29,1903 YRS. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED Baltimore City U.S.A. DIVORCED T WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH EACHLITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) 7305 Harford Road Ret. - Barber USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 7305 Harford Rd. 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore 21234 YES A NO 15 MOTHER'S MAIDEN NAME MIDDLE Cimino Rose Culotta **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 218-32-1151 Mrs. Rose Culotta Same as 13 E APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PARKINSON'S DISEASE DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART) OR PART 2) 19 211 LOCATION

190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IE EITHER NOTIFY MEDICAL EXAMINER)

HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY

AT HOME, STREET, EACTORY, OFFICE, FARM, ETC. I 27x1 certify that (1) (this hardfal) attended the deceased from

COUNTY

22r DATE SIGNED

STATE

224 PHYSICIAN'S NAME LLYPE OF PRINT

NOT WHILE

22e ADDRESS

DEGREE

Gardens Of Baith

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22 West Road, Towson, Maryland 21204

Rodrigo Toro M.D. 230 BURIAL, CREMATION, REMOVAL 23b. DATE

23¢. NAME OF CEMETERY OR CREMATORY

23d. LOCATION Baltimore, MAryland

STATE

24 FUNERAL DIRECTOR

(SPECIFY) Burial

MPORTANT

CERTIFICATION

Leonard J. Ruck, Inc. Baltimore, Maryland

11-12-85

25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE من السيد وله معيد و معيد و معيد و معيد و ما المعيد و ما المعيد

CITY OR TOWN

and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated

DHMH - 16 50M 4/B2 (VRA 15, 4)

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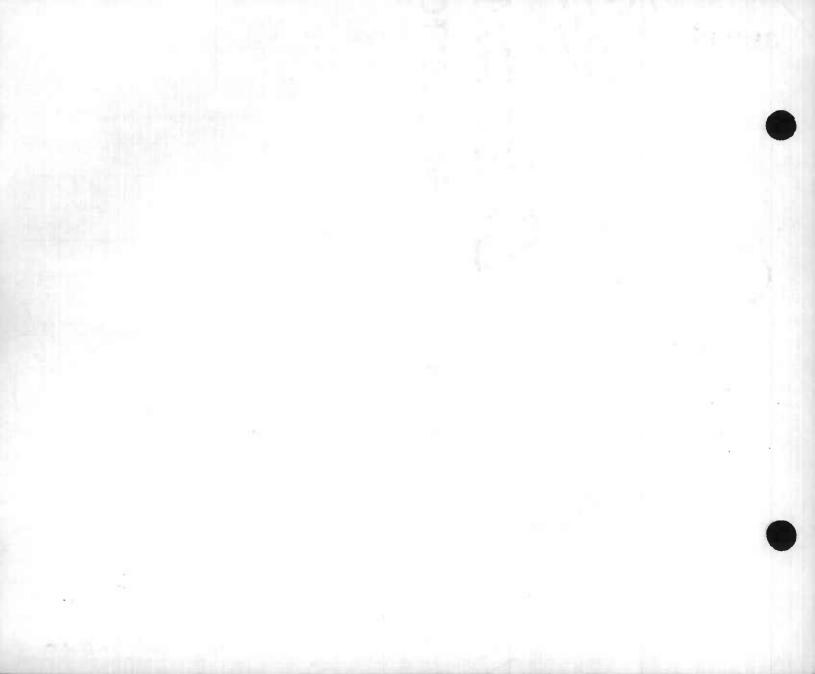
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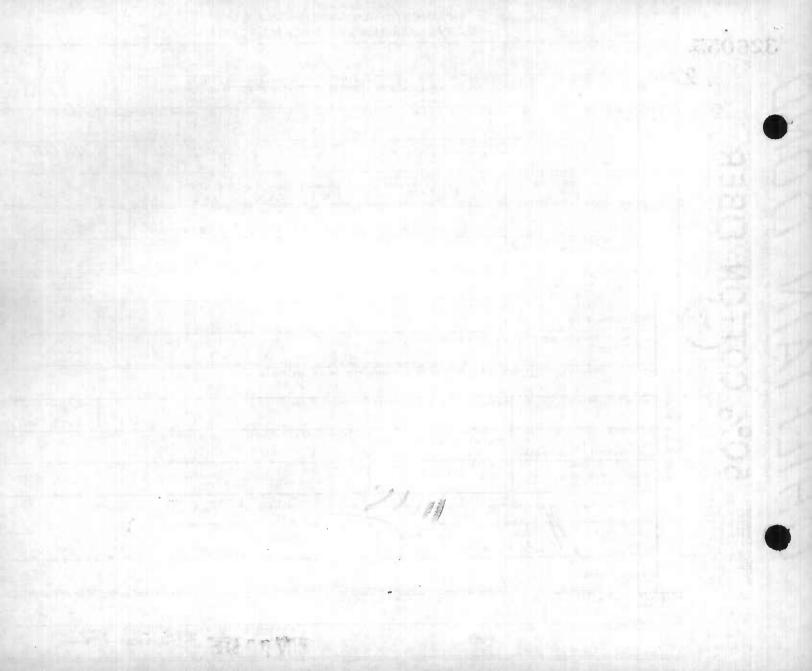
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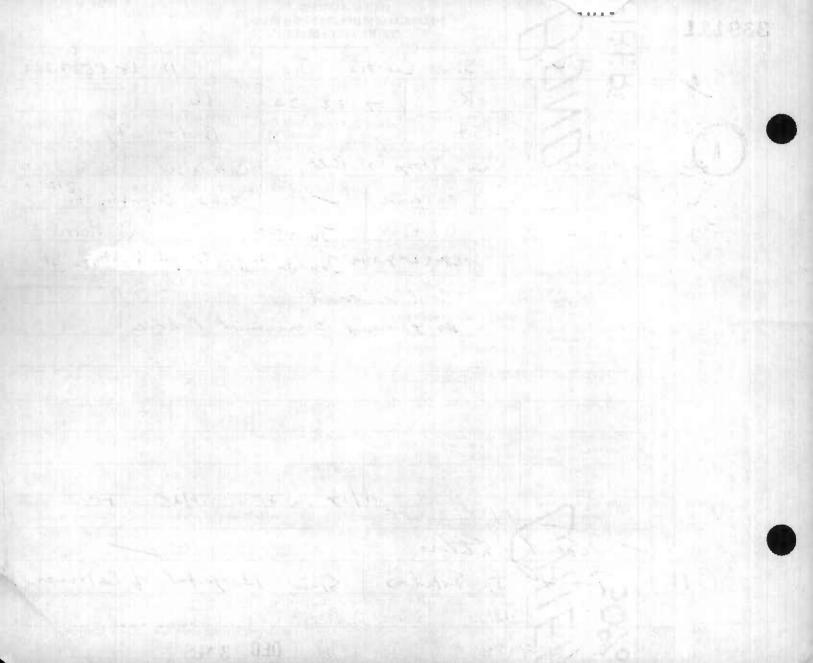
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	三里世界の人	110. CI	TY OR TOWN OF DEATH	II. NAME OF HOS	OF WORK 17	USINESS									
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11201	SECOND STANS	13s. S	Md 136 COUN		THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Baltimore 13d. INSIDE (ITY LIMITS? VES X NO 3417 Alto Road 2										
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ALTIM	ATTER THE PA THE FOR THE FOR	16a. V	VAS DECEASED EVER IN U.S. AR/ es, no, or unknown] (if yes, give	MED FORCES? WAR OR DATES)	225-38-		Barba		ey 3417 Alto	Road					
15T.	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ponte medullary infarct										APPROXIMATE INTERV BETWEEN ONSET AND D				
STO	250		immedia		AS A CONSEQUE			3 1 1 1							
7	HOUSE A		Canditions, if any, which gave rise to immediate	(b) B	asilar a	rtery t	hrombos	is							
201 W.	A SECOND		couse (a) stating the <u>under</u> lying couse last.	DUE TO, OR	AS A CONSEQUE	NCE OF									
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L REC	UK - W	CERTIFICATION	19a DATE OF OPERATION	196 CONDI		20. AUTOPS	1?								
¥	古名主205m/	I F									YES [X	NO 🗆			
DIVISION OF VITAL RECORDS	AUED 30 2		21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I		A. MONTH DAY	YEAR 21c. H	IOW INJURY O	CCURRED (ENTER	NATURE OF INJURY IN ITEM 18 P	ART I OR PART	2)				
DIVISIO	REPERTING TREED TO SEA SHIP	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE	OF INJURY (ATHO		OCATION STREET	Marie	CITY OR TOWN	COUN	ĪΥ	STATE			
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07/84	BP/407	(3		36 DATE 1/21/85		demoria		Ra	OCATION Indallstown	COUNTY		STATE Md			
25M	DHMH - 17		UNERAL DIRECTOR	ADDRESS	4000		250	DATE REC'D. B	Y REGISTRAD 25% REQU	TRAR'S SIG	NATURE	•			
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STATE OF MARYLAND



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OR OR IS		1	22a.1 certify that (1)				0 1	and that in (my) (out	r) opinion de	eoth occurred on the d	ote and hour	and from the	that (I) (we) lost		
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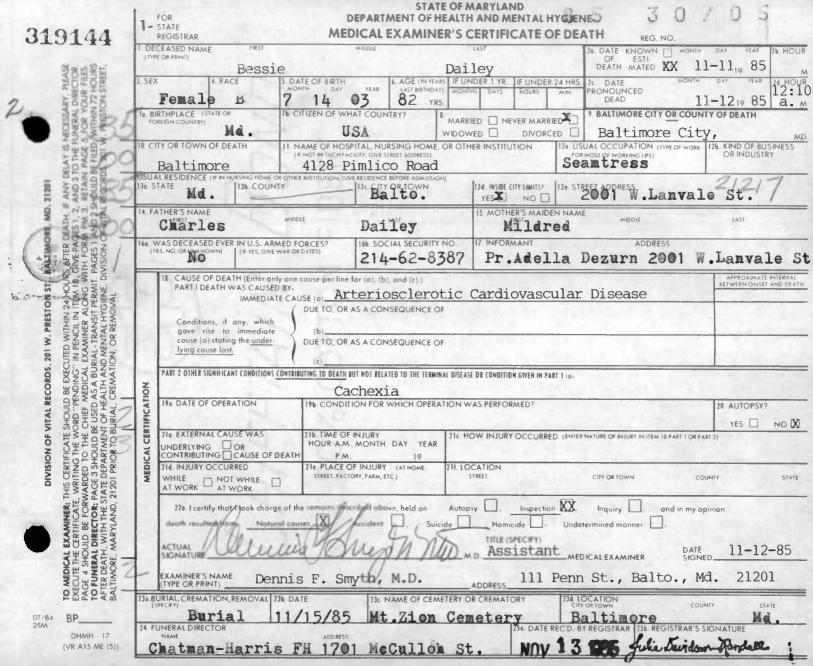
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	10	FOR	DEDADTA	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG	HENT & 5 3	0 7 0 3				
1	1.	STATE REGISTRAR	DEFARIN	CERTIFICATE OF DEATH						
311033		CEASED NAME FIRST EL	MIDDLE	CZAIKOWSKI	REG. NO.	AY YEAR 26 HOUR 4 25 AM				
ctor page	3 SE	Female	RACE () hite	5. DATE OF BIRTH MONTH DAY 18 93	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS UNITS DAYS HOURS MIN.				
neral dire	7a B	RTHPLACE (STATE OF FOREIGN 7 COUNTRY)	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED MORCED	9 BALTIMORE CITY OR COUNTY Balto. CITY	OF DEATH MD.				
oy the ful	10 C		1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A WIVERSIT	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST DE WORKING LIFE THOMEM &	126 KIND OF BUSINESS OR				
A house in	USU.	TATE MAN 136 GOUNT	THER INSTITUTION GIVE RESIDENCE BEFORE	ADMITTION)	130 STREET ADDRESS / ZIP CODE	Balto.Md. 57 21236				
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WORE TO THE		VAS DECEASED EVER IN U.S. ARM VES. NO OR UNKNOWN) 1 IF YES GIVE	WAR OR DATES)		Berthappressith	1729 Patapsco				
physicio npapers went, the		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	1,171,10	lic III		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN The low requires that the death certificate by the ingression of the this certificate has been signed by the attending physician produced in the please remove carbon papers. The modern of the prior to buriol, cremation, or removal and Memici Physician prior to buriol, cremation, or removal.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF MYELOFIBROSIS OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0								
I. RECORDS, 10 in	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, IN CERTIFY YES NOT YES	WERE FINDINGS USED ING CAUSES OF DEATH?				
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UG PHYS offendin ter this c ss the bur h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FA	RM, ETC.) 2H LOCATION STREET	CITY OR TOWN	COUNTY STATE				
OR ATTENDIN or haspital or DIRECTOR. Air sched for use or Dept. of Healt		22a I certify that (I) (this haspite saw the deceased alive an above, (I) (we) (did) (did not)	11 - 7	ond that in (my) (aur) apinion	death occurred on the date and hour	9_05, that (I) (we) last and from the causes stated				
45 45 9 7		226 SIGNATURE Jonathy	~ DGlass	DEGREE MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED				
TO HOSPITAL TO FUNERAL should be deterwish the Store		22d. PHYSICIANIS NAME (TYPE OR	LASS MD	220 ADDRESS ONIUS	indy of MO Hosi	2				
BP		SPECIFY) Burial	11/6/1985 Ce	edar Hill Cemt.	Balto A. A. Co.					
DHMH - 16 60M 7/84 (VRA 15, 4)		oneral director Cully Funeral	Balto.Md.212 Home, 130 E.E.	ort Ave. 250. DAT		AR'S SIGNATURE				

6010 REISTERSTOWN RD. BALTO. MD

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE THE WAY SHOW THE THE PARTY OF T



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Her bo	3 SE	X	4 RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER TYEAR IF UN	NDER 24 HRS	
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S for the		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8	ARRIED A NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH		
Juner Chin 7.		lew York	USA	WI	DOWED DIVORCED		ore City	MD.	
s ofter of softer of softe	10 C	Balto.	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI 5917 Mead	VE STREET ADDRE	Poad	12a USUAL OCCUPATION OF Salesmar	OF WORKING LIFE) INDUSTRY		
ND 212 24 hou 24 hou must be	13a	AL RESIDENCE (IF NURSING HOME O STATE 13b COU	NTY 13c CITY C		134 INSIDE CITY LIMITS?	136 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE			
thin thin thin 2 sh	14 F/	ATHER'S NAME		AST	15 MOTHER'S MAIDEN N				
MAN TO THE TOTAL		Warren	C. Da		Elizabet		Mathews		
SE,		VAS DECEASED EVER IN U.S. AT	RMED FORCES? 16b. SOCIA	AL SECURITY	NO 17 INFORMANT	ADDRE	SS		
JIWO		No		03 04	37 Eleanor F	. Daly,	Same		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN The law requires that the death centificial breascribe within 24 hours of secreticate has been signed by the attending privile scale of the brind-transit permit. Then please remove contain applications on the state of the privile scale prior to buriol, cremation, or emporial permit should be fill than Americal Hygiene prior to buriol, cremation, or emporial permit shows any injury, or ather traumotic regent the medical minner must be fill or extended to them.	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT		NSEQUENCE	12 A-S	MINAL DISEASE OR CON	DITION GIVEN IN PART 110	ISED.	
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O HOSPITAL OR ATTENDING estimed by the hospital or art. TO FUNERAL DIRECTOR, aft. should be defrached for use as with the State Dept. of Health MMORTANT. If hem 21 is mort		220. I certify that (I) (this hosp saw the deceased alive as above, (I) (we) (did) (did) (22b SIGNATURE 22d PHYSICIAN'S NAME (TYPE: NORMAN	R. Freen R. FREEM	10.25 AN	DEGREE MD ATTENDING PHYSICIAN 120 ADDRESS A 300 N	MEDICAL STAL DIRECTOR PHYSIC			
	23a B	BURIAL, CREMATION, REMOVAL SPECIFY) Cremation			OF CEMETERY OR CREMATORY	236 LOCATION	COUNTY	STATE	
BP			11/16/85	reen Mount	Balto.				
DHMH - 16 60M 7/84 (VRA T5, 4)		905 York Road	y W. Jenkir Balto M	0V 1 8 1985	25b/REGISTRAR'S SIGNATURE	Last .			

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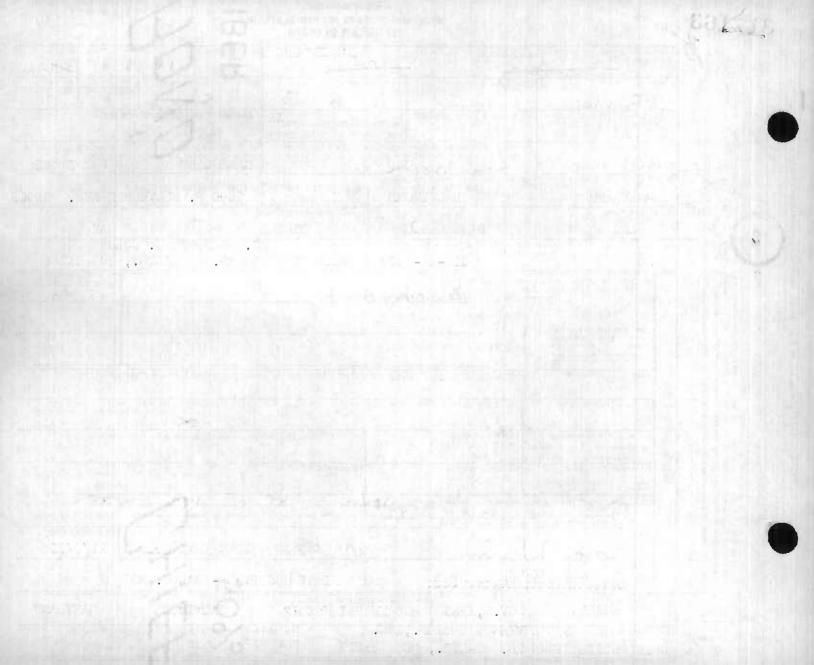
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0050 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) KODDAN 3. SEX AGE | IN YEARS LAST BIRTHDAY) MONTH 80 To BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE FT. HOLABIRD JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) MARYLAND 136 COUNTY BALTIMORE 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 14 FATHER'S NAME MIDDLE MIDDLE JAMES CATHERINE DANGERFIELI ROBINSON 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** DANGERFIELD 1008 E.BIDDLE ISABELLE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a. Canditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART ?) ntel Hy ∞ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a. I certify that (1) (this hospital) attended the deceased fram. 11/29 and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED 4.0 ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS ld b MPORT DOROTHY SNOW 3900 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION CITY OF TOWN BURIAL MARYLAND NATIONAL LAUREI MARYLAND 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATARE DHMH - 16 60M 7/84 W.C.MARCH F/H INC. 1101 E. NORTH AVE. (VRA 15, 4)

STATE OF MARYLAND

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moy be	3 SI	x	4 RACE		S. DATE C	OF BIRTH	6.	AGE IN YEARS LAST BIRTH	(DAY)	IF UNDER TYEAR	IF UNDER 24 HRS
ge 4 r		Female	Cave	casion	MONT		AR D2	82	YRS	MONTHS DAYS	HOURS MIN.
Pod Pod	7a 8	BIRTHPLACE STATE OR FOREIGN				D NEVER MARRIED XX		BALTIMORE CITY OF	Y OF DEATH	QUE E	
nero in 72	G	ERMANY						Bulto	7	MD	
oy the fu	10.0	Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)					G USUAL OCCUPATION OF WORK FOR MOST OF SALESLADY	FE) INDUSTRY	N. KIND OF BUSINESS OR NOUSTRY FURNITURE	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE. MARYLAND 2120 NICE PHYSICIAN. The low requires that the death certificate by the outsiding physician. To then this certificate has been signed by the attending physician and should be filled in by the burdit than please remove corbangages. The month of the prior to buriol, cremotion, or removal. So orked or them 18 shows any injury, or other troumatic event, the medical property of the prior to buriol.	/ 13a	JAL RESIDENCE IN NURSING HOME STATE 136 CO MARY LAND	OR OTHER INSTITUTION	EFORE ADMISSION) OWN IMORE	N V	34 INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE 2500 W. BELVEDE				ERE AVE. 2121	
3 A	14. F	ATHER'S NAME	MIDDIE	1457		15 MOTHER'S MAID	EN NAME	WIDDLE			
WAM BY SO		LEO	MIDDLE	DANNENBI	ERG	BE	RTHA	MIDDLE		MAY	1146
H Palata	16a	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	MRS	. MARJORTE	sK.	GOLUB	
OW I		(YES, NO OR UNKNOWN) I IF YES.	CIVE WAR ON DATES!	213-20	0-6430	3220 MI	DFIEL	D RD. B	ALTO	., MD	21208
ALT		IS CAUSE OF DEATH (Enter	only one couse pe	er line for (o), (b)	, and (c).1					APPROXI BETWEEN	MATE INTERVAL
phy phy provent		PART I. DEATH WAS CAU	ISED BY: IATE CAUSE (0)	Respi	ratory	Imest				5	Min
ding orbo			DUE TO C	OR AS A CONSE	QUENCE OF						
de ot de ot tion,		Conditions, if ony, which	((b)_	50051							
the the emo	1	gove rise to immediate couse (a), stating the	DUE TO, C	OR AS A CONSE	OUENCE OF						
that that that a by ease of, co		underlying couse lost.	((c)_								
ps, 26	z	PART 2. OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO TH	IE TERMINA	AL DISEASE OR COND	ITION GI	VEN IN PART 11	D.,
COR North Trior t	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WH	IICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20h. IF YE	S, WERE FINDIN	NGS USED
L REC	FE							YES NOTH		IFYING CAUSES	OF DEATH?
N: The system of	EF	710. ACCIDENT WAS UNDERLYING		OF INJURY		21c. HOW INJURY C	OCCURRED	(ENTER NATURE OF INJURY			., .
OF CLAN		OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH	DAY YEAR						
AYSK ding ding Men	MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION				COUNTY	STATE
VISION OF PHENT OF THE ONE OF THE ONE OF THE	X	WHILE NOT WHILE AT WORK	JAT HOME, ST	TREET, FACTORY, OFF	ICE FARM, ETC }	STREET		CITY OR TOW	/14	COONII	SIATE
Aft of a solith		220.1 certify that (I) (this ha	spital) attended t	he deceased fro		112- 19-	85	. to		19 95	that (I) (we) lost
TTEN of He of He		sow the deceased olive above, (I) (we) (did) (did	on		9 85.0	nd that in (my) (our) a	opinion deo	th occurred on the do	te and ha		
OR ATT e hospin ched fo bept. of		276. SIGNATURE	nor) view the body	y offer death		DEGREE				22c DATE	SIGNED
the Dort		Sain 1	Dia			MA ATTENE	DING /	MEDICAL STAF	AND	11/	4/85
HOSPITATION OF TANI		224 PHYSICIAN'S NAME LIVE ERIC W	PE OR PRINT)		-	ADDRESS					
O HOSPIT TO FUNER should be with the Sit		XXXXXXXXXX	XXXXXXXXX	XXXXXX		SINAI	HOSPI	TAL - BALT	O. M	D	
TO HO To Figure 10 Figure	23e	BURIAL CREMATION REMOV	AL 236 DATE		73c NAME OF C	EMETERY OR CREMA	TORY	234 LOCATION	1794		
BP		(SPECIFY) BURIAL	NOV.5	,1985		FRIENDSHI		BALTIMO	RE	COUNTY MA	RYLAND
DHMH - 16 50M 4/83	24	FUNERAL DIRECTOR SOL				1	750 DATE R	EC'D. BY REGISTRAR 2	Sh REGIS	TRAR'S SIGNAT	URE
(VRA 15, 4)	6	010 REISTERSTO	WN RD.	BALTO.,	MD 2	1215	MON	0 8 1985	المالية	Tavidison-1	Conference of the same



DEPARTMENT OF HEALTH AND MENTAL HYGENES FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 318066 REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN X 7h HOUR (TYPE OR PRINT) OF ESTI ECESSARY, PLEASE NERAL DIRECTOR. FOR YOUR FILES. VITHIN 72 HOURS PRESTON STREET, Dashiell DEATH MATED 11/ 6/10 85 Eleanor 3. SEX 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS DATE OF BIRTH DATE 20 March 14ST BIRTHDAY) PRONOUNCED White Female DEAD 6/ 19 85 P TE CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland United States WIDOWED DIVORCED Baltimore City, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE) Rosewood Cen. 1627 Aliceanne St. Baltimore USUAL RESIDENCE LIEIN BALTIMORE, MD. 21201 130 STATE 13b COUNTY 13, CITY OR TOWN 13d. INSIDE CITY LIMITS? Aliceanna Strret YES V NO [] Maryland Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE S AFTEN GINE PAGE FORM F Nicholas Dashiell Amelia Leeke Eleanor Marine 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATES 217-22-2143 Mary Leeke Dashiell 1631 Aliceanna Street 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HEALTH AND MENTAL HYGIENE, I. CREMATION OR REMOVAL IMMEDIATE CAUSE (0) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 4I CERTIFICATION 19a. DATE OF OPERATION USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIA AFR: THE ICATE, WRITIN. E FORWARDED TO I. P. PAGE 3 SHOULD BE. "TO DEPARTMENT OF TO BUT YES [] NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 71c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL PM 19 21e PLACE OF INJURY 21f LOCATION (AT HOME TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFIER DEATH, WITH THE STATE DE BALTIMQRE, MARYLAND, 21201 P AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inquiry X 220 I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted fram: Natural conse Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 11/6/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Burial Baltimore 11-9-85 Greenmount Maryland BP 07/84 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Mitchell-Wiedefeld Funeral Home 6500 York Road (VR A15 ME (5))

m book allow odde will income the day - trailling

BP DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> REGISTRAR 256 REGISTRAR'S SIGNATURE my part dist

YES [

COUNTY

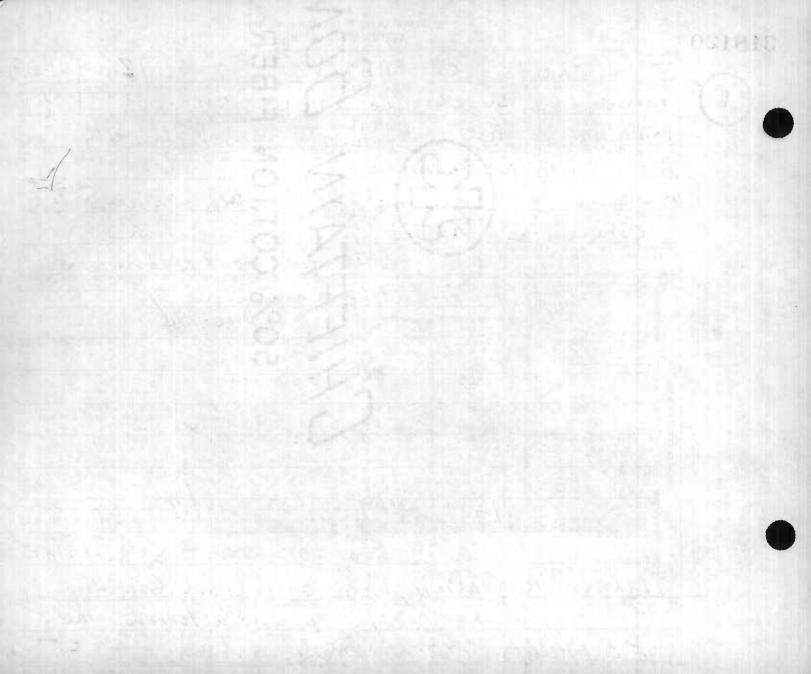
22c DATE SIGNED

THUNDER I YEAR

126. KIND OF BUSINESS OR

NO IT

STATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME FIRST LAST 20 DATE OF DEATH MONTH (TYPE OR PRINT) NOVEMBER 17, 1985 ASHLEY DAVIS 5:04 77 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 10 YEAR A B 70 BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. BALTIMORE CITY Maryland WIDOWED 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 2012 Barclay Street 21218 Maryland Baltimore YES TX NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Spence Colbert Davis Paula 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Paula Spence 2012 Barclay St. 21218 none no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY APPROXIMATE INTERVAL maran IMMEDIATE CAUSE (a). . DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a **IFICATION** 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOR IN CERTIFYING CAUSES OF DEATH? NOF YES [

210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY

AT HOME STREET FACTORY OFFICE FARM ETC)

211 LOCATION

CITY OF TOWN

STATE

220 I certify that (I) (this haspital) attended the deceased from (1) (1) (1) (1) (1) (1) saw the deceased alive an have well 17, 19 85, and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.

226 SIGNATURE

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

COUNTY

230 BURIAL, CREMATION, REMOVAL

AT WORK NOT WHILE

22e ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY

DEGREE

CEDAR HILL

Anne Arundel 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

BURIAL 24 FUNERAL DIRECTOR

MEDIC/

W.C. MARCH F/H CO. 110 E. NORTH AVE.

DHMH - 16 60M 7/B4 (VRA 15, 4)

MARYLAND 2120

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	Ó	Keng	1	alune											
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	1 2	10/20/2		0-1-1	15	Degre	ticale	VE0 [7]			CAUSES	OF DEATH	1?		
	2	10/26/8.	5 1	enjorale	2 sugar	now			NOL	YES [NO 🗌			
0		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE		D. TIME OF INJURY	DAY YEAR	TIE HOW IN	URY OCCUR	RED (ENTER NATU	RE OF INJURY IN ITEM	18 PART I	OR PART 2)				
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		saw the deceased a above, (1) (we) (did) (live an (did nat) view t	the body alter death.	85.01	d that in (my) (our) opinion (death accurred	an the date and	haur and	I Iram the	causes state	ed		
		226. SIGNATURE					220 DATE SIGNED								
		Keve	- Be	llups	40		TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	5	11/8/85				
		22d. PHYSICIAN'S NAME		0	11 50 5	22e ADDRESS	egg 1	WOLF!	ST, BA	LTO,	MD,	2120	5		
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DHMH - 16 60M 7/84 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 11-13-85

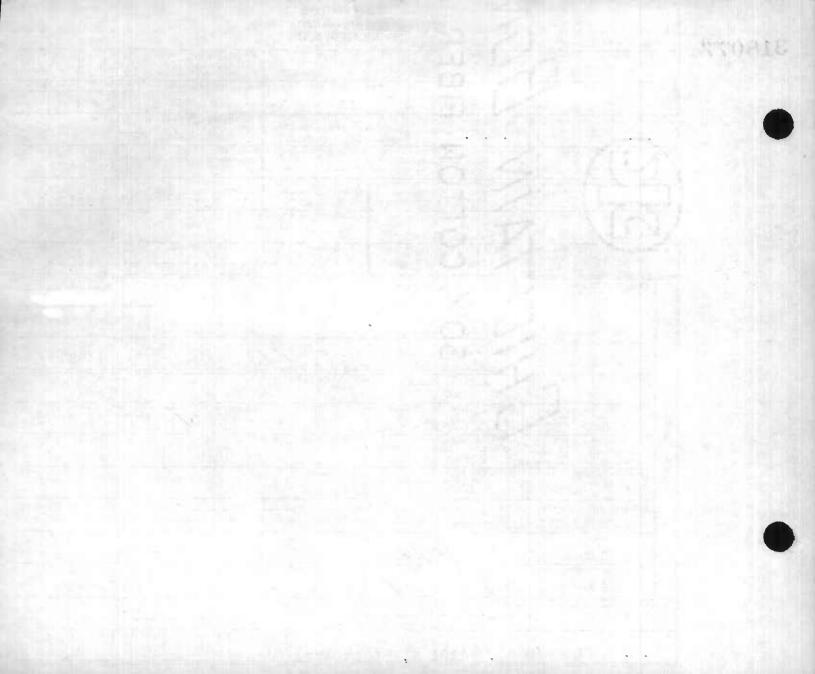
230. NAME OF CEMETERY OR CREMATORY
KING PARK

23d LOCATION
CITY OF TOWN
RANDALLSTOWN

MARYLAND

W.C. MARCH F/H CO. 1101 E. NORTH AVE

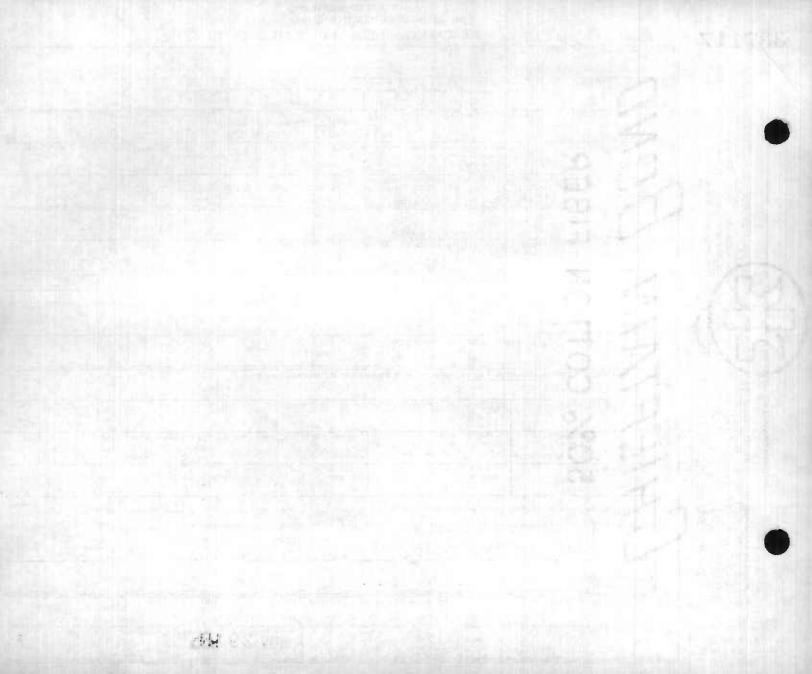
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	(VR A15 ME (5))	H	ubbard F	uneral Ho	ome, Inc.	4107 Wil	kens A	ve.					



311061	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5 3 0 / 1 8
	I. DECEASED NAME FIRS	T MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
oge 3 deoth	(TYPE OR PRINT) Edi	ith E	Davison	11 3 85 745 Pm
ge 4 moy ector, po	FEMALE	CAUGASIAN	June 26, 1898	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HBS. WONTHS DAYS HOURS MIN.
S S S S S S S S S S S S S S S S S S S	To. BIRTHPLACE (STATE OR FOREIGH	16. CITIZEN OF WHAT COUNTRY	? 8 MARRIED □ NEVER MARRIED □	9 BALTIMORE CITY OR COUNTY OF DEATH
in 722	Md.	USA	WIDOWEN DIVORCED	
offer o	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
S of S of	Salt.	Francis Scot	t Kev Med Cente	
1 1 0 0 0 C	USUAL RESIDENCE (IF NURSING HO 13a STATE	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	13e. STREET ADDRESS
	Md.	Baltin	more YES X NO	4320 Clareway 21213
1 440/16	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME
1-1-100	Joseph S. Mc	Neave	Appolonia	a A. Ruff
	160 WAS DECEASED EVER IN U.	S. ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS 21213
Pog . Pog	no	215-07	-5950 Theresa Lo	ongo 3413 Mayfield Avenue
ST., 8AL ertificate g physicis son paper removal. event, th		ter only one couse per line for (a), (b), o AUSED BY: EDIATE CAUSE (o) PROBAE	LE BRAINSTE	M STROKE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 days.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., OR PHYSICIAN: The low requires that the death certificate this certificate has been signed by the attending plass the burnal-transit permit. Then please remove carbons the and Mental Hygiene prior to burial, cremation, or remorked or them 18 shows any injury, or other traumatic even and the statement of the statement or the stateme	Conditions, if any, which		JENCE OF ATRIAL	FIBRILLATION >24rs.
that the day the dease ren	couse (a), stating the underlying couse los	DUE TO, OR AS A CONSEQUENCE (c) ATHERO	SCLEROTIC VE	
ORDS, 2 requires requires ren signe t. Then p ar to burry y injury.		ant conditions contributing to	ORAL- FEMORAL	MINAL DISEASE OR CONDITION GIVEN IN PART 1 (0)
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DIVISION DING PHYSI or ottending After this ce e os the burn olth and Mer	OR CONTINBUTING CAUSE (JEETHER NOTHY MEDICAL EX.) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	210, PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, EIC) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
LOT I or I o		hospital) attended the deceased from	10/31 19 85	, to
Spito CTO of for	sow the decease all oboves (1) we (1) od (1)	ve on 11/3 19_19.	85 , and that in (my) (our) opinion	death occurred on the date and hour and from the causes stated
OR A DIREC	77% SHOW GYORE	- 11 11 -	DEGREE	224. DATE SIGNED
AL Date Dieto	Must	ene C. Har	Or My ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 11/3/8
TO HOSPITAL retained by the TO FUNERAL I should be detained by the Should be detained the State I MAPORTANT.	OHRIST	TYPE OR PRINT) 7NE HARTI	ER 22 ADDRESS	
7. 5. ≥ × × ×	23a. BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN
BP	Burial		orraine Park Cen	m. Balto., Md.
DHMH-16 30M 2/80 (VRA 15, 4)	Schimunek Fu 3331 Brehms	neral Home, Inc Lane, Balto., N	21213 250 DA	OV 05 1985

11: 1755 Tough Edward Warter Com 11 Mel

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 323115 - STATE REGISTRAR Nora Baptist Deale CERTIFICATE OF DEATH REG. NO L DECEASED NAME 2a DATE OF DEATH MONTH 75 HOUR (TYPE OR PRINT) Nora 3 Daptist ea le 6. AGE (IN YEARS LAST BIRTHOAY) 4. RACE 5 DATE OF BIRTH IF UNDER I YEAR 3 SEX Sept. 26, 1900 1 White 85 emale 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Baltimore City WIDOWED 7 DIVORCED [126. KIND OF BUSINESS OR NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12ª USUAL OCCUPATION Homemaker Daltimore Francia Scott Key med. and USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. Baltimore Dunda Ik 13d INSIDE CITY LIMITS? 2911 Dunran Road Apt. A 21222 Maryland NO Z 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Flippo Nettie Unknown ADDRESS. 17 INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Dorothy M. Deale same as 13e 213-74-2105 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY con also pulmonary arrest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Too 20a AUTOPSY? 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased fram, saw the deceased alive an 11/13 and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death 22r. DATE SIGNED 226. SIGNAJURE DEGREE 11-13-85 ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS rake, M.D. Eastern and. 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY STATE Burial 11/16/1985 Moreland Mem. Park Baltimore, Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Walter Brooks Bradley, Inc. Dundalk, MD 21222 - inthis imor my property (VRA 15, 4)

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No 21-16-1678 Jarnette Jones 2708 Sethlow										Roa									
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326130	1-	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5	50/22
may be poge 3 ter death		CEASED NAME FIRST	DENISE V	S. BELAY S. DATE OF BIRTH MONTH DAY YEAR	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 15 95 149 M IF UNDER 1YEAR IF UNDER 34 HIS. MONTHS DAYS HOURS MIN.
death. Page 4 funeral director thin 72 hours of a grande.		Female RIHPLACE ISTATE OR FOREIGN SC TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY? USA	3 5 61 MARRIED NEVER MARRIED WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNT	Y OF DEATH
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N The low require system. cote has been signously permit. Then thygiene prior to by 8 shows any injury.	CERTIFICATION	190 DATE OF OPERATION NOW 15/85	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
G PHYSICIAN T attending physici ter this certificate s the burial-transi ond Mental Hygi	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# ETHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED AT WORK ALWORK	HOUR A.M. MONTH D	Y ION SPONTANEO	RED (ENTERNATURE OF INJURY IN ITEM 18)	
OK ATTENDING or the hospital or DIRECTOR. After the vac of Dept. of Health if them 21 is man		220.1 certify that (1) (this hospi	The view the body after death.	, and that in (my) (aur) opinion DEGREE	death accurred on the date and had	19, that (I) (we) last or and from the causes stated
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(VRA 15, 4)	W.	C.MARCH F/H	CO. 1101 E.	North ave. N	OV 1 9 1985	and the same of th

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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33903	39	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF H	EALTH AND	MENTAL HYG	IENE S S	3 (3 /	20
	L		CEASED NAME	FIRST		MIDDLE		AST			MONTH DAY	YEAR	2b. HOUR
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You god	2	3. SEX	(4 RACE		OF BIRTH		6 AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS
ge 4		1	Female		whi	te	MONTI	DAY 3	YEAR Z_Z	63	YRS.	THS DAYS	HOURS MIN.
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eath.	3		Maryland		U.S.	A.	WIDOW	D NEVER	NORCED	Baltim	ty		
ofter d by the fu	3/		3PL7 IMARY		11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Francis Scott		TREET ADDRESS)			170 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Housew	F WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OF
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24 24 No	35		farvland	Bal t	imore	Rosed	-	13d INSIDE C	NO X	2000 0 De	ell Ave	. 2127	57
A REAL	20	_	THER'S NAME						S MAIDEN NAM	ΛE			
	150		John	M	IDDLE	Moro	sko		Minnie	MIDDLE	Marie I	Loeffl	er
2 2 2 2	0 0	160 V	VAS DECEASED EVER IN			166 SOCIAL	SECURITY NO.	17 INFORMA	ANT	ADDRE	SS	2	21224
MORE exe	med		YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	216-14	-0721	Anth	nony R.	DelBrocco '	715 S.	Rose S	st.
ALT ste b	- 4		18 CAUSE OF DEATH	Enter only	one couse per	line for (a), (b	o, and (c).)					APPROXIM BETWEEN O	NATE INTERVAL
Tifice phy phy	vent		PART I. DEATH WA	SCAUSED	BY: CAUSE (o)	000		LMO	NARY	ARRES	T		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR NG PHYSICIAN. The low requires that the death certificate be executeding physician. Offer this certificate has been signed by the offending physician and othe buriel-transit permit. Then allease remove corbanappers, Pages	to buriol, cremotion, o njury, or other troumo	NO		diote the lost.	(b) DUE TO, O	R AS A CONS	ocordio EQUENCE OF		force	KUM INAL DISEASE OR CONI	DITION GIVEN	IN PART Ico	
he law re an. has been	ene prior	CERTIFICATION	19a DATE OF OPERATION	ON	196 COND	ITION FOR WI	HICH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	G CAUSES	GS USED OF DEATH?
OF VII.) ICIAN: T g physici ertificate	ntol Hyg		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEAT			DAY YEAR	21c HOW IN	NJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	OR PART 2)	
IVISION OF YILL OF THE STATE OF THE SECURITY O	rked or h	MEDICAL	21d INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK		21e. PLACE (AT HOME STI	OF INJURY REET FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	ON	CITY OR TO	wn	COUNTY	STATE
ATTENDIN spital or CTOR: Af	of Healt		22a 1 certify that (1) (1) sow the deceased above, (1) (we) (did					nd that in (my	(our) opinian c	to 11/29	, 19_ ote and hour on		ho(1)(we) los ouses stated
by the hor	LT. If Hen		276 SIGNATURE	Co	nes					MEDICAL STAF DIRECTOR PHYSIC		11/29	IGNED 185
TO HOSPITAL eroined by to TO FUNERAL	with the State		MARK	3	ISNER			220 ADDRES	0 EAS	STERN AL	IE F	SKM	_
25 -	, 2		BURIAL, CREMATION, RI		23b. DATE	and the state of the	23c. NAME OF C			23d LOCATION CITY OR TOWN	C	DUNIY	STATE
BP	-		Buri	al	Dec 2	1985	Most H	oly Re		Baltim		Mary	land
DHMH - 16 50	M 4/B3		UNERAL DIRECTOR			ADDR	TESS		25a. DATE	REC'D. BY-REGISTRAR	756 REGISTRAF	SSIGNATU	RE
(VRA 15,	4)	L	eonard J. R	luck,	Inc.	Baltim	ore, Mar	ryland	UEC	7 1005	S. S. S. S. S. S. S.	المقال - المدك	east.

z = 1 2000 trout ave. - 1257 oing De Androny R. DelBrosco All a. Rone an. 그렇게 되는 것 같아 있는 사람이 아이는 사람이 되는 것은 생활을

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bearing at their, Luc. Dallators, Marchard

- STATE

REGISTRAR

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DHMH - 16 60M 7/84 (VRA 15, 4)

Smith Same as 13e minutes Weeks PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) STATE and that in (my) (fur) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 4940 Eastern Ave 11/5/1985 Mt. Carmel Burial Maryland Baltimore 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Duda-Ruck, Inc. Dundalk. Maryland 7922 Wise Avenue

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

7h HOUR

12b. KIND OF BUSINESS OR

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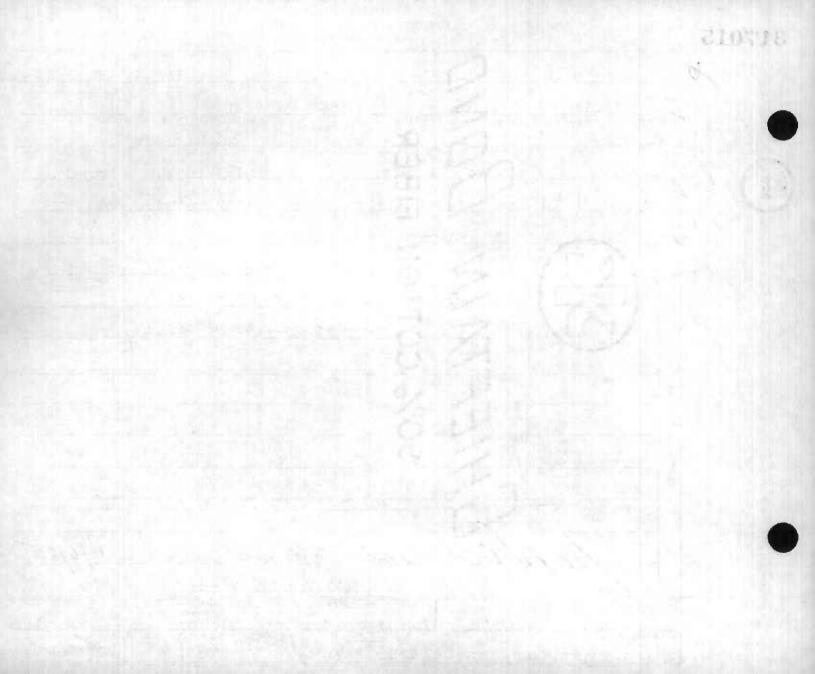
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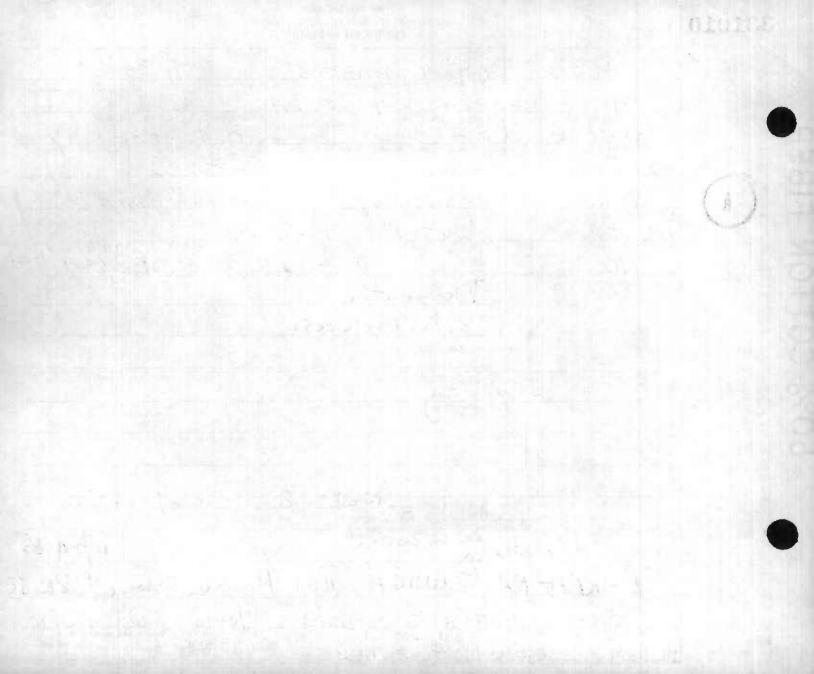
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

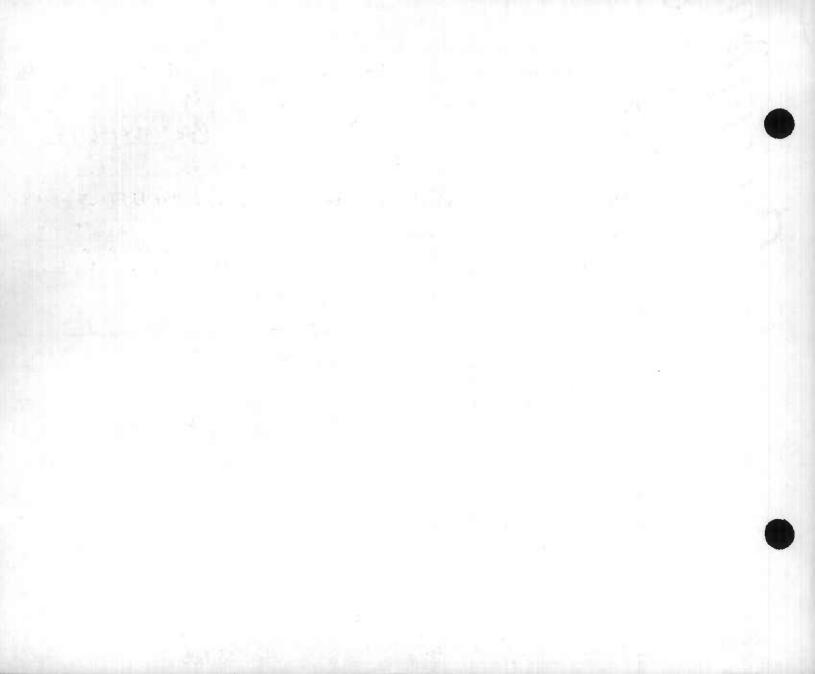
012		REGISTRAR		CERTII	ICATE OF DEATH	REG. NO	0.							
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deoth deoth		MAR	YE.		DEMAREST		11 5 85	3:20P M						
1	3. SE.	K.	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YI							
11-1	1	Female	White	1:		91	YRS							
86		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8 MARRIE	D NEVER MARRIED	BALTIMORE CITY O	9 BALTIMORE CITY OR COUNTY OF DEATH							
3		aryland	U.S.A.	WIDOW			Baltimore City MD							
111	1	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIV		OR OTHER INSTITUTION		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY							
50		laltimore	St. Agnes			Telephone	ug Co.							
20	13e.5	TATE 135 CO	UNTY 13c. CITY O	RTOWN	134 INSIDE CITY LIMITS									
4		aryland Ba	altimore Cato	onsville	YES NO	1 6301 Fred	erick Road	21228						
3/		FIRST		AST	FIRST	WIDDLE		LAST						
1	160 V	Frank VAS DECEASED EVER IN U.S		CNEY	Anna 17 INFORMANT	ADDRE	He	nderson						
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+		NO I			T Duatey Dem	arest 6301 Fr	ederick Ra	ROXIMATE INTERVAL EEN ONSET AND DEATH						
Y		B CAUSE OF DEATH Enter only one cause per line for 10), (b) and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cause of Death Immediate CAUSE (a) Cause of Death Immediate CAUSE (b) Cause of Death Immediate CAUSE (c) Cause of Death Immediate CAUSE (c) Cause of Death Immediate CAUSE (c)												
4		IMMED			and for	- 4	1	-						
		Canditians, if any, which	DUE TO, OR AS A CON	ISEQUENCE OF	Cerebral na	sa, Ja/ insulf								
100	-	gave rise to immediate cause (a), stating the	(b)			14	The state of the s							
		underlying cause last.	DUE TO, OR AS A CON	ISEQUENCE OF										
		PART 2 OTHER SIGNIFICAN	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0											
	Z O			V.P.										
11	CAT	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN	NDINGS USED						
1	FTIFE			134		YES NO YES NO NO								
6	8	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		H DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART	?)						
7	CAL	LIF EITHER NOTIFY MEDICAL EXAMI	NER) 143 P.M. 11	5 198										
1	A S	21d INJURY OCCURRED	TIE PLACE OF INJURY	OFFICE FARM, ETC }	211 LOCATION	CITY OR TO	wn COUNTY	STATE						
		NOT WHILE AT WORK					17-0.	,						
		220 1 certify that (1) (this ho saw the deceased alive	spiral) attended the deceased	50.	, 19_5	an death accurred an the do	J 19 A	, that (I) (we) fast						
		abave, (I) (we) (did) (did	not; view the body after death.	17		an death accurred an the ac								
2		220. SIGNATURE	Me.	11	ATTENDING		F	ATE SIGNED						
1		22d PHYSICIAN'S NAME TO	HILL	1240	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	IAN	1/6/83						
		Jno Shaw	A CONTRACTOR			ndson Avenue								
3	220 6	SURIAL CREMATION, REMOV	AL 123b. DATE	Tage NAME OF	EMETERY OR CREMATOR									
		SPECIFY)				CITY OR TOWN	COUNTY	STATE						
-	24 FI	Burial JNERAL DIRECTOR	11/9/85		park Cemete	ry Baltimor	256 REGISTRAR'S SIGN	Maryland						
M 7/84		ishard Funeral	Home The 41	ORESS 07 Wilke	nc Avo	JV 08 1085	The Mark Batter							



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN TO MONTH 2h HOUR ESTI-DEATH MATED EARL DEMERITT 22 19 85 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAYL PRONOUNCED Male White 1962 DEAD 1985 Te. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED lew Hampshire WIDOWED DIVORCED Baltimore City CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY Baltimore Furniture University Hospital Mover USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 131 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 51 Nottingham New Hampshire Hillsboro Nashua YES [NOXXX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Witham DeMeritt, Jr. Beverly Har] 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT NashaarsNew Hampshire 001-56-9547 Beverly Winkler 51Nottingham Drive 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Gunshot wound of head (rifle) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. SHOULD BE USED AS A BURIAL PARTMENT OF HEALTH AND MI RIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? Head Only 210 EXTERNAL CAUSE WAS 116 TIME OF INJURY
HOUR XXXX MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 UNDERLYING TOR Self-inflicted. ? P.M. 11-22-10 85 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM FTC.) CITY OR TOWN Howard MD truck 175 Rts. 1 & Jessup Head 27a I certify that I taak charge of the remains described above, held an and in my opinion Suicide X death resulted f Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) DEATH, MORE, N 11-23-85 Assistant SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 234 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 11-27-85 Edgewood Cemetery Nashua, Hillsboro, New Hampshire 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Marzullo Funeral Service (VR A15 ME (5)) Upperco, Md.



STATE OF MARYLAND



STATE OF MARYLAND

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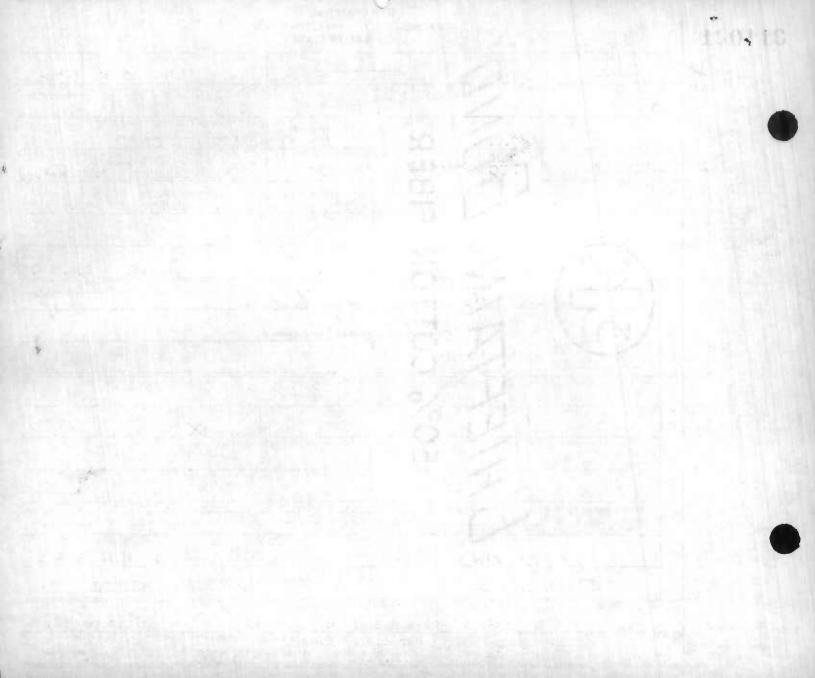
	1 -	STATE REGISTRAR	DEFARI	CERTII	FICATE OF DEATH	REG. NO).		
		CEASED NAME FIRST	CHARLES	DEN	T SR,		1/19/85	10.000	a.m.
	3. SE)	male	14 RACE black	5 DATE O	OF BIRTH DAY 1928	6. AGE (IN YEARS LAST BIRT)		YEAR IF UNDER 24 HR	
5		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIE	ED NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEAT		MD.
0		TY OR TOWN OF DEATH LTIMORE CITY	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE ST AGNES HOSP	NG HOME (120 USUAL OCCUPATION OF WORK FOR MOST OF RETIRED	ON 126. KIN WORKING LIFE) INDUS	ND OF BUSINESS	
5	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE MD		WN	YES X NO			21212	
0		THER'S NAME LOUIS	PRICE		IS MOTHER'S MAIDEN NA	MIDDIE		ENT	
		VAS DECEASED EVER IN U.S. A (ES. NO OR UNKNOWN) (IF YES G	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 219-10-4		CARRIE DENT	5011 READY A	VENUE		
		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEOL	JENCE OF	NIC SHOCK	C EM	D	PROXIMATE INTERVAL VEEN ONSE! AND DEAT	н
	ATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT		MINAL DISEASE OR COND	DITION GIVEN IN PAR		=
7	CERTIFICATION			H OPERATIO		YES NO D	IN CERTIFYING CAL	JSES OF DEATH?	
7	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING LIFE EITHER NOTIFY MEDICAL EXAMINI 21d IN JURY OCCURRED WHILE AT WORK AT WORK 22g. Certify that (I) (this hase	EATH HOUR A.M. MONTH	19 FARM, ETC)	211 LOCATION STREET	RED (ENTER NATURE OF INJURI			ost
		226 SIGNATURE	Sue Mo	<u>81</u>	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [death occurred on the do MEDICAL STAFI DIRECTOR PHYSICI	F _ / 274 D	the couses stated	
		22d. PHYSICIAN'S NAME ITYPE JIMM	MY SUE, M.T		22e ADDRESS +321	B ALAN D	R BALT	0 Md 21	122
		BURIAL, CREMATION, REMOVA SPECIFY) Burial			cemetery or crematory ore National	Baltimor	e	Мď	/

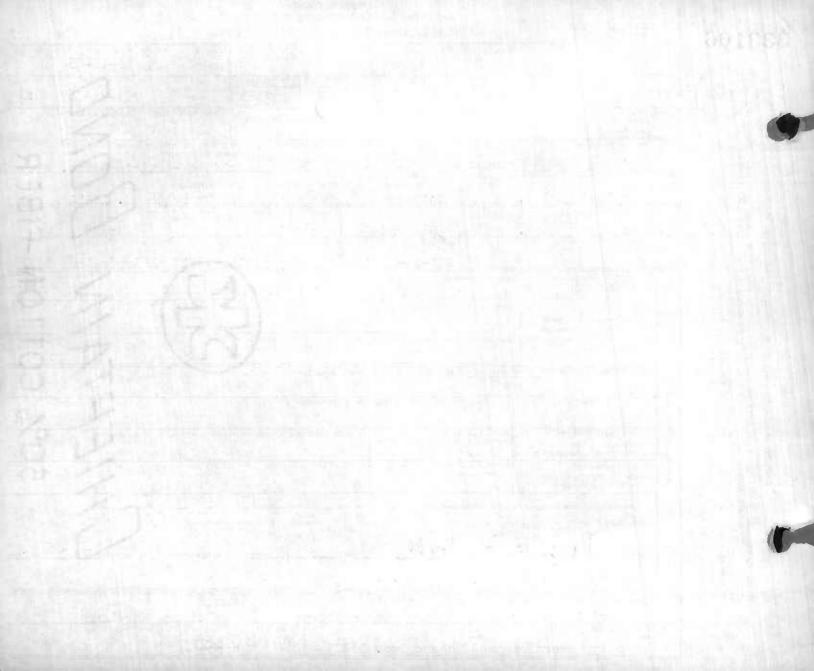
DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,

24 FUNERAL DIRECTOR Will Tam C. March F/H West 4300 Wabash Avenue

Baltimore 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE





STATE OF MARYLAND 316069 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MONTH 2b. HOUR LIVPE OR PRINTS HATTIE DICKERSON 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 4 RACE 5. DATE OF BIRTH MONTH DAY YEAR Female 26 Black 48 YRS TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE North Carolina WIDOWED IB CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Retail UNION MEMORIAL HOSPITAL BALTIMORE USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION 138. STATE 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Baltimore East 25th Street 21218 NO [15 MOTHER'S MAIDEN NAME LAST Charlie Wallace Beatrice McNeil ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-50-5518 Bernard Dickerson 211 East 25th Street 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 19h CONDITION OR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH CIF FITHER NOTIFY MEDICAL EXAMINER 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

DHMH - 16 60M 7/84 (VRA 15, 4)

VISSING ROBERT 230 BURIAL, CREMATION, REMOVAL 236 DATE BURTAL

224 PHYSICIAN'S NAME (THE COMMITTEE

220 I certify tho (11) This hospital) attended the deceased from

22b SIGN TEN

23c NAME OF CEMETERY OR CREMATORY

Garrison Forest VA.

DEGREE

72e ADDRESS

ATTENDING

PHYSICIAN

23d LOCATION Owings Mills

and that in (my) (our) opinion death occurred on the date and hour and from the couses stated

DIRECTOR PHYSICIAN

Md 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

22c DATE SIGNED

STATE

STATE

4:00

24 FUNERAL DIRECTOR March Funeral Homes 1101 East North Avenue

MEDICAL

UNION MEMORIAL HOSPITAL

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COUNTY

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DHMH - 16 60M 7/84 (VRA 15, 4)



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1020		EASED NAME FIRST		WIDDLE		AST	28 DATE OF DEA	TH MONTH	DAY YEAR	2b HOUR
11 0		HAROLD		DIEHL,			11/0			03.45 AM
4	2. 5EX		4 RACE	3	5. DATE C		6 AGE (IN YEARS !	AST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS
200	/	MALE	WHI!	WD CVI	04,	/04/1907	78	YRS		
35	C	OUNTRY ALTIMORE MD	U.S.	WHAT COUNTR	Y? B. MARRIE WIDOWE	NEVER MARRIED	BALTI	ITY OR COUNTY	OF DEATH	MD.
40		altimore	(IF NOT IN SUI	HOSPITAL, NURS CHEACILITY, GIVE STRI Agnes Ho	EET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCC (TYPE OF WORK FOR ROWAN	UPATION MOST OF WORKING LIF Control	E) INDUSTRY	nany
36	05UA 13a S	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION		ORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDI			
13	1			tian D:			Balt		LAST	1
40		AS DECEASED EVER IN U.S. AR	MED FORCES?				. Doroth	~		
11/		No	-	215-10-	-5567	907 Adana	Road Pi	kesville		and 212
or to truriol, cremo y injury, or other tr	TION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (conditions <u>c</u>		O DEATH BUT					
2	CERTIFICATION	190 DATE OF OPERATION			CH OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERTIF	S, WERE FINDIN FYING CAUSES	OF DEATH?
189	CAL CE	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A	.M. MONTH .M.	DAY YEAR 19	21c HOW INJURY OCCUR	RRED (ENTER NATURE	OF INJURY IN ITEM 18 F	PART I OR PART 2)	Hel
o pay	MEDI	214 INJURY OCCURRED WHITE NOT WHITE AT WORK		OF INJURY REEL FACTORY OFFICE	E FARM ETC)	211 LOCATION STREET	ÇIT	Y OR TOWN	COUNTY	57A7E
21 6 860		220. I certify that U (this hasp saw the deceased alive ar above, (I) (we) (did) (did no			85 .01	d that in toy (aur) apinian	death accurred a	the date and hav	and from the	
il Nev	3	226 SIGNATUJE			198		MEDICAL DIRECTOR P	STAFF HYSICIAN	22c. DATE :	C. Strategick
755			OR PRINT!			22e ADDRESS				
hould be de with the 34th MPORTANT		77-11-	MAM			St. Agnes				
with the 3toh	1		MAM			St. Agnes EMETERY OR CREMATORY TO CEMETERY	23d LOCATIO	7	COUNTY	m MD.

050118 Liet/#178

1005 Dundalk Avenue

DHMH-16 30M 2/80 (VRA 15, 4)

Walter Dabrowski

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	Salana I	at the first		TAL	

	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		30/3
025	ECEASED NAME FIRST	WIDDLE	IASI	REG. NO.	Y YEAR 26 HOUR
	PE OR PRINTS	D E	DISNEY	1(18	
3 5	EX M	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR 12 20 07		UNDER I YEAR OF UNDER 74 HRS
At an	BIRTHPLACE (STATE OR FOREIGN ARYLAND	U.S.A.	MARRIED X NEVER MARRIED WIDOWED DIVORCED	BALTIMORE C	
150	BALTIMORE	GÖÖD SAMARITA		120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OF RAILROAD
130		OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY PIMORE 212	YES NOXX	3031 ACTON RO	AD 21234
美30		EER DISNE		INE	ALBRECHT
12 160	WAS DECEASED EVER IN U.S. ARI (YES, NO OR UNKNOWN) (IF YES, GIV		1-0514 EDITH R. DI	ADDRESS ISNEY 3031 ACTO	N RD. 2123L
ol, cramotion, or removal or other traumotic event, I	PART I. DEATH WAS CAUSE	ly one couse per line for 101. (b), on D BY: E CAUSE (o) DUE TO, OR AS A CONSEQUIDE TO, O	OCAR DIAC	IN FARCTION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Day Hery	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
ANDICAL CERT	718, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (HE EITHER NOTHEY MEDICAL EXAMINER 718 IN JURY OCCURRED NOT WHILE ALL WORK	10	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	
ORTANT if them 21 is mor		ay Kurbas	DEGREE ATTENDING PHYSICIAN [120 ADDRESS	death occurred on the date and hour of the date and	22c. DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

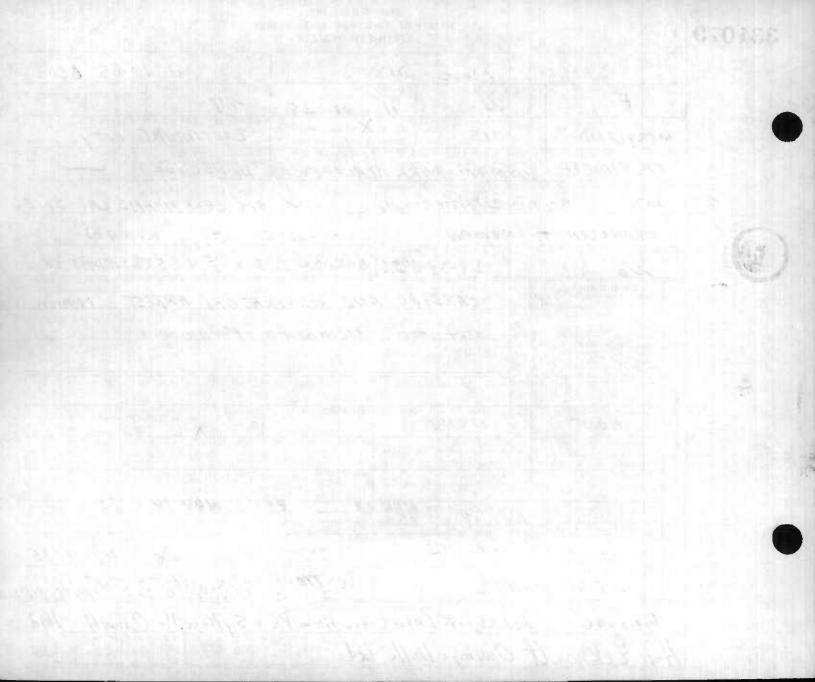
BURIAL

230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE NOV.20, '85 PARKWOOD CEMETERY

23d LOCATION CITY OR TOWN

MARYLAND

24 FUNERAL DIRECTOR WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD.



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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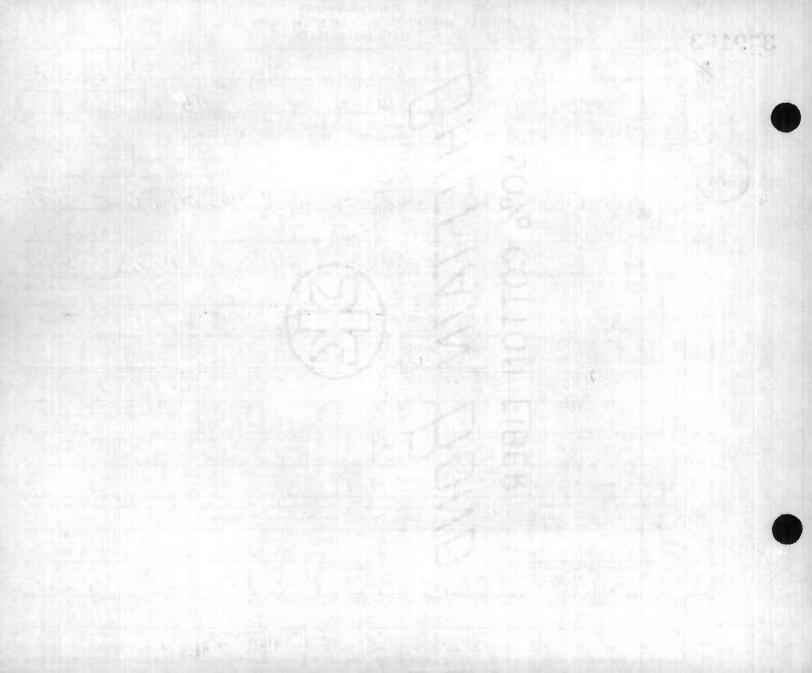
	STA	IE OF	M	ARYL	AND	
DEPARTMENT	OF	HEAL	TH	AND	MENTAL	HYGIENE

CERTIFICATE OF DEATH

COUNT	not	STATE	
STRAR'S S	IGNATURE	ando 12.	

	1-	FOR STATE REGISTRAR			FHEALTH AND M		IENE REG. NO			4
		CEASED NAME FIRS	57	MIDDLE	LAST			MONTH DA	Y YEAR	2h HOUR
)	TYPE	ORPRINT)	ton	Di	xon	981		11.9	2.85	5:17 pm
1	3. SEX	X	4 RACE	S. DAT	E OF BIRTH		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
	N	1	R	MC C	NTH DAY	08	77	YRS.	DATE DAYS	HOURS MIN
1		RTHPLACE I STATE OR FOREIG	N 76. CITIZEN OF	WHAT COUNTRY? 8			9 BALTIMORE CITY O		F DEATH	
d	1.	Londuras	105	/	RIED NEVER MA	ORCED 🗔	Baltima	ore C	141	MD.
-	10 CT	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOM		TUTION	120 USUAL OCCUPATION			F BUSINESS OR
9	B	altimore	Wym	an Park He		tem	retired	WORKING LIFE)	INDUSTRY	VA
	130 S		OME OR OTHER INSTITUTION	130 CITY OR TOWN Baltimore	134 INSIDE CIT	Y LIMITS?	13. STREET ADDRESS	ZIP CODE	Ave	21223
	14. FA	ATHER'S NAME	WIDDLE	IAST	15. MOTHER'S			1		
9		Thomas	WIDDLE	Dixon	Ce	celia	MIDDLE		Jacks	son
٦		VAS DECEASED EVER IN U.	S. ARMED FORCES?	166. SOCIAL SECURITY NO	D. 17 INTORMAN	IT O	ADDRE			
	- (1	NO.	ES GIVE WAR OR DATES!	031-22-04	41 JANE	TMR	INGIG	0745	N. Cal	umbia.
		18 CAUSE OF DEATH (En		line far (a), (b), and (c)					APPROXI	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS C	EDIATE CAUSE (a)	Cardiopula	ronary f	trres.	t		124	/ min.
1		SCHOOL SCHOOL		R AS A CONSEQUENCE O	-		1 4	, ,		
		Conditions, if any, while	ch ((b)		leve !	valv	Vlar hear	t disea	e e	
	E. 1	gave rise to immedia cause (a), stating t	he DUE TO, O	R AS A CONSEQUENCE O	F					
		underlying cause la	st. (c)_(corunary he	art diseas	e, At	trial fibrill	ation		
	z	PART 2 OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMI	INAL DISEASE OR CONE	ITION GIVEN	V IN PART 110	0
	CERTIFICATION			17.01.1.500.1.11.1.1.1.1.1.1.1.1.1.1.1.1.1			I	Tan IS USE I		
7	FICA	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPERA	TION WAS PERFOR	MED	200 AUTOPSY?	1N CERTIFY	WERE FINDIN	OF DEATH?
e.	RTII		10 10 10 10 10 10 10 10 10 10 10 10 10 1	NE BUUDA	In Howain	1011 000 000	YES NO	YES		NO 🗆
3		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE	110110 4	M. MONTH DAY YE	AR ZIC HOW INJU	URY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	I I OR PART 2)	
	ICA	(IF EITHER NOTIFY MEDICALEX	AMINER) P		9			1300		
	MEDICAL	214 INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE FARM ETC ;	211 LOCATION	٧	CITY OR TOV	VN	COUNTY	STATE
		AT WORK AT WORK			CT		1/21/		N =	
		22a.l certify that (1) (this saw the deceased all	ve an /VVV	9 19.85	and that is (my) (c	, 19 <u>85</u>	, ta <u></u>	te and have a		that (I) (we) last
		abave, (1) (we) (did) (c	did nat view the bady	alter death.	DEGREE		The second of the second	10 0110 11001 0	22c. DATE	
		Mil	1 My	l. mr	AT	TENDING	MEDICAL STAF		11/	9/12
		224. PHYSICIAN'S NAME	(TYPE OR PRINT)	11/2	22e ADDRESS	HYSICIAN [DIRECTOR PHYSIC	IAN	1	1103
		Micho	rel Mi	Her, mo	Wyn	man	Park He	alth	Sys	'tem
	23a B	BURIAL, CREMATION, REMO	OVAL 236 DATE		F CEMETERY OR CE	REMATORY	23d LOCATION	TIME	COUNTY	STATE
	-	Durial	11115	DIAD (CO	AR HILL		BALTIA	ORG	No	d.
	24 FU	INERAL DIRECTOR	111.00	ADDRESS A	1-1100-	25a. DATE	REC'D. BY REGISTRAR			- Pandall

- 1					OF MARYLAND		8 5	3	0 7	3 9
20	1-	FOR STATE	DEPARTN		EALTH AND MENT ICATE OF DEAT		IE O			
93	J'nc.	REGISTRAR	MIDDLE		AST		REG. N	O.	AY YEAR 7	
m		CEASED NAME FIRST	. 1	b:	,	20	DATE OF DEATH		> AL	7b HOUR
2		E-1-16		VI	(ON		105			12,03AM
2,1	3 SE	To la	RACE	5. DATE C	DAY, Y	EAR	AGE (IN YEARS LAST BIR	-		HOURS MIN.
		remare	Dack	12	4 0	79	1/5	YRS		
2/-		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8 MARRIEI	NEVER MARR	ED 7	BALTIMORE CITY O	R COUNTY	. +	
7		D.C	U.SA	WIDOWE	p		Balxil	nore	ciny	MD
100	10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN		R OTHER INSTITUTI		a USUAL OCCUPATI			BUSINESS OR
D¥			Bon Secours	HOS	pital		Unemploy	124		
k	USU.	AL RESIDENCE VE NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEFORE Y 136 CITY OR TOW		13d. INSIDE CITY LE	MITS? 1136	e.STREET ADDRESS	ZIPICODE		514 1
2		Md -	Ba Himo		YES X NO		403 0	(tod)	Court	2/201
e Li	14 FA	ATHER'S NAME	DDLE C LAST	- 119	15 MOTHER'S MAI	DEN NAME	MIDDLE		1	
100	(harles	Sayle:	5	Julio	i	MIDULE		MCK	entie.
0		WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECU		17 INFORMANT		ADDRE	SS		
med	(YES NO OR UNKNOWN) (IF YES, GIVE Y	217-09-1	1384	John D.	Jeffer	ries 1018	W.la	nuale	Street
E Pe		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), one	dieni	- VIIII AZ	- 0 1 7 0.			APPROXIMA BETWEEN ON	ATE INTERVAL
vent,		PART I. DEATH WAS CAUSED IMMEDIATE	BY. CARDI		ARR ES	<i>t</i>				
ic e		IMMEDIATE		NICE OF	congest	ing 1	Leart Fo	illent		01.0
0 30		Conditions, if any, which	DUE TO, OR AS A CONSEQUE		EALL	PF	1 00/1/1			
r 170		gove rise to immediate couse (a), stating the	(6)	NICE OF		1, 0				
othe		underlying cause lost.	DUE TO, OR AS A CONSEQUE		DEI	MEN	ITIA			
, or	813	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMINA	AL DISEASE OR CON	DITION GIVE	N IN PART I/o	
לישור	Z									
, and	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20b. IF YES,	WERE FINDING	3S USED
SMS	TIFIC					200	YES NOT	IN CERTIFY YES	ING CAUSES O	NO 🗆
ž –	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY	OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT I OR PART 2)	
E		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	YEAR						
- L	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION					
De v	Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F.	ARM ETC]	STREET	0.1	CITY OR TO	P	COUNTY	STATE
30		22s 1 certify that (I) (this basado	I) ottended the deceased from		110	85	10 /2	3	· 85 1h	otalk (we) lost
2		sow the deceased alive on_	11/23 198	15 , or	id that in (my) (over	opinion deo	th occurred on the d	ote and hour	and from the ca	ouses stated
8		obove, (1) (we) (did) (did not) 77b SIGNATURE	view the Body offer death.		DEGREE				22c DATE S	GNED
±	100	Kareno -	usen Hus	uy,	MI D ATTEN	DINOX	MEDICAL STAI	FF.	1/2	3/5
Z		274 PHYSICIAN'S NAME TYPE OR	PRINT	0	22e ADDRESS	CIAN	PHYSIC	IAN [1	785
		KUANG	T-YEN HU	ANG	R	00/	50000		Hoen	: 7.1
<u> </u>	230 0	BURIAL, CREMATION, REMOVAL	23b DATE 23c.N	JAME OF C	EMETERY OR CREM	0/0	23d. LOCATION	-un	(3-3)	- Cau
		(SPECIFY)					CITY OR TOWN	Anund-	COUNTY	STATE
	24 F1	Burial	11/27/85 Ce	edar 1	Hill Cemet		Anne Anne	Arunde		MD RE
7/84		lliam C. March F.	/H West 4300°Wal	nash /	Avenue	NE	6 2 100		ARS SIGNATUR	Abrida BD
		Train of Harell 1,	csc 1000 Mai	0 0 0 11 7	1701100		0 1903		10000	1,10000



(VRA 15, 4)

6046	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENT ICATE OF DEAT		NE 8 5	3	0 /	40
ge 3		CEASED NAME FIR	ST HN	MIDDLE	7.	YON	2	DATE OF DEATH	1. 8	5 YEAR	3 HOUR 9
sctor, pag	3. SE)		4 RACE	3	5. DATE C	F BIRTH	EAR (6	AGE (IN YEARS LAST BIRT	YRS.	UNDER I YEAR	H UNDER 24 HRS
in 72 hou		RTHPLACE (STATE OR FOREK COUNTRY) S.C.	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE		ED L	Baltimore City o Baltimor	and the same of th	FDEATH	MI
by the fu		Baltimore	(IF NOT IN SU	HOSPITAL, NURSING STREET SITY HOST	ADDRESS)	R OTHER INSTITUTION	ON I	2a USUAL OCCUPATION TYPE OF WORK FOR MOST OF RELIZED	ON F WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
1085	13a S	AL RESIDENCE (IF NURSING HITATE 13b	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION) /N C	13d INSIDE CITY LIA YES NO	MITS?	3e STREET ADDRESS / 2823 Harle	ZIP CODE m Ave.	2121	6
製物	14 FA	THER'S NAME FIRST Jim	Middle Dixon	LAST		15 MOTHER'S MAIL FIRST Le		MIDDLE	ixon	EASI	1
Poge:		VAS DECEASED EVER IN U	V.S. ARMED FORCES? YES. GIVE WAR OR DATES) W.W. 2	250-18-		Rebecca	Olive	r 2823 Har		e. 21	216
is been signed by the otter rmit. Then please remove prior to burial, cremotian any injury, or other trour	CERTIFICATION	Conditions, if ony, wh gove rise to immedia couse tol, stating underlying couse to PART 2 OTHER SIGNIFIC	DUE TO, Cost CANT CONDITIONS C		DEATH BUT	NOT RELATED TO TI		200 AUTOPSY?	20b. IF YES, V	WERE FINDING CAUSES	NGS USED
riol-transit pe entol Hygiene frem 18 shows		21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI	E OF DEATH HOUR A		AY YEAR	21¢ HOW INJURY	OCCURRE	YES NO D	YES		NO 🗌
alth and Menta marked or Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL E) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	P.M. E OF INJURY TREET, FACTORY, OFFICE,		21f LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
d for use o t of Health m 21 is ma			s haspital) attended t live an (did nat) view the bad		, Qf			ta ath occurred on the do	, 19		
Stote Dep		27b SIGNATURE	ILLE ME)		DEGREE ATTEN PHYS) 220 ADDRESS		MEDICAL STAI		11	-1-25
should be der with the Stote	730 (BURIAL, CREMATION, REM	KMETO	120	NAME OF C	EMETERY OR CREM	MIL	1 (0 A	11/20		XVIII
200	230	Burial Burial				t. Cemete	ry	Crownsvi	116		ld. STATE
- 16 60M 7/84	24 F	Chas.A.Rice	FSPA 130	D Eutaw P	lace		NOV	O 7 985	251 REGISTA	RESIGNAL	CHILL.

323438	1	FOR STATE REGISTRAR	DEP	ARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	3 0	141
y be death		CEASED NAME FIRST	NEIL TV	RON	DIXON DE BIRTH		NONTH DAY	VEAR 26 HOUR 85 1120 PM RIYEAR IFUNDER 24 HRS
Page 4 director hours oft	7a. B	Male IRTHPLACE (STATE OR FOREIGN COUNTRY)	Black 76 CITIZEN OF WHAT COUN	MONTI	DAY SEAR SEAR SEAR SEAR SEAR SEAR SEAR SEAR	9 BALTIMORE CITY O	YRS O	ATH
ofter death y the funeral led within 72	10 0	Maryland lity or town of DEATH Saltenere	NAME OF HOSPITAL, N	WIDOWI URSING HOME (STREET ADDRESS)	DIVORCED [Baltimer 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O	ON 12b.	MD KIND OF BUSINESS OR DUSTRY
24 hours	13a	AL RESIDENCE IN MINISTRO MARCOUNT	NTY 13c CITY OR	BEFORE ADMISSION)		130 STREET ADDRESS /		et 21218
ompletely f		VANCE	3. D	XON	15 MOTHER'S MAIDEN NAM	ME MIDDLE L.		Fortune
ion and ion the medica		No	/E WAR OR DATES)	SECURITY NO.	VANESCA FO	reture 409	F. 203	
the death certificate the attending physic emove corbon pape emotion, or removal. er traumotic event, the		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF OSIS, h	School F		B	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 hours
he law requires that on. has been signed by permit. Then please ene prior to burial, cr ows any injury, or oth	FICATION	PART 2 OTHER SIGNIFICANT POPULATION 190 DATE OF OPERATION	(c)CONDITIONS CONTRIBUTING	G TO DEATH BUT	1 1	INAL DISEASE OR CONI	20b. IF YES, WERE	PART Lo FINDINGS USED CAUSES OF DEATH?
PHYSICIAN The le ending physician. this certificate has be buriol-transit per ad Mental Hygiene d or them 18 shows	MEDICAL CERTIFICAT	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINES	HOUR A.M. MONTH	19	216 HOW INJURY OCCURR	YES NO		PART 2) UNITY STATE
OK ATTENDING the hospital or attraction or attraction after DRECTOR After ached for use as the Dept of Health or them 21 is market	•	WHILE AT WORK 220 I certify that 11 this hosp sow the deceased live on above (1) well did did no 22b. SIGNATURE		19 85 o	nd that in (my) aprilian a	. 10	ite and hour and fr	that (1) (we) last om the causes stated
HOSPITAL Joined by th FUNERAL Sold be dett th the Store		Dana E. Dana E. Dana E.	Wollney M.		M.D ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSIC	IAN	1. Baltimore 212
BP	X	BURIAL, CREMATION, REMOVAL OPECIFY)	23b. DATE/11/8-		EMEJERY OR CREMATORY		MORE	w Md STATE
DHMH - 16 60M 7/84 (VRA 1S, 4)	24 F	UNERAL DIRECTOR	lins 1729	W.M	WROSE SV. NO	V 1 5 1985	256. REGISTRAR'S	SIGNATURE

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20400	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	8 5 G	30/42
323106	- STATE REGISTRAR		CERTIFICATE OF DEATH		
	LOECEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
0 m = M	(TYPE OR PRINT)				A.
poge 3	3. SEX Ethe	Marie Marie	Dobson 5. DATE OF BIRTH	November 13	1985 4 · 15 M
or. p	3. SEX	RACC	MONTH DAY YEAR	AGE (IN TEAKS (AST BIRTHDAT)	MONTHS DAYS HOURS MIN
urs creet	Female	White	May 26 1902	83 YRS	
To Short	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
To a lead	Md.	U.S.A.	WIDOWED DIVORCED	Baltimore	City MD.
in the first	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS IT	NG HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION	126 KIND OF BUSINESS OR
10 of the proof	Baltimore	Belair Conv		Custodian	Housekeeping
212	USUAL RESIDENCE (IF NURSING HOME 13a. STATE 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)		
9 并第为	Md.	UNITY 136. CITY OR TOW Baltim		13e STREET ADDRESS / ZIP CO	nd_Ave. 21205
图 福福	14 FATHER'S NAME	1 Darcin	15. MOTHER'S MAIDEN NA		u_Ave. 21205
AR AR	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
E STATE OF THE STA	George 160 WAS DECEASED EVER IN U.S.	Magaw ARMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	Lakhan
MORE executed and a medica		GIVE WAR OR DATES)			
TIM S. Po	no	213-05-	5/48 Ruth Silk	(dghtr) 5038	B E. Eager St.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed. The first cartificate has been signed by the attending physician and comments to study the burial-transit permit. Then please remove corbon papers. Pages for the first cartificate has been signed by the and member in the medical exemines the study of the please remove corbon papers. Pages for the first think and Member 18 shows any injury, or other traumatic event, the medical exemines that being a study of the first page.	Conditions, if ony, which gove rise to immediate cause iol, stating the underlying cause lost. PART 2 THER SIGNIFICAN THE DATE OPERATON 21a ACCIDENT WAS UNDERLYING	Disense. Oster		20a AUTOPSY? 20b. IF	GIVEN IN PART I O YES, WERE FINDINGS USED THEYING CAUSES OF DEATH?
TAL The idicion.	210 ACCIDENT WAS UNDERLYING	716 TIME OF INJURY	Tab. HOW BUILDING COUR	YES NO	YES NO
V OF VITE SICIAN: T ng physics certificate rial-transs ental Hygi frem 18 sh	OR CONTRIBUTION CALLES OF	- 110115 1 11 11011511 5	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	8 PART OR PART 2)
Sic Sic No ng cent cent cent from them	I IF EITHER NOTIFY MEDICAL EXAMI		19		
15101 PHY trendi trendi trendi snd M	IN EITHER NOTIFY MEDICAL EXAMI	21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE I	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
No. 1 A Series	AT WORK NOT WHILE AT WORK		-1-1-		1
A Property And A Property A Prope	220 I certify that (I) (this he	outal) attended the defeased/from_	7/28/19/89		. 19, that (I) (we) lost
21 to other states	sow the deceased alive	nat) view the body after death.	, and that in (my) (aur) apinion	death occurred on the date and h	iaur and from the causes stated
hos hos liked heept heept	22h SIG-DATURE	norther the body ener death.	DEGREE		224 DATE SIGNED
The property of the property o	11115 B B	edlen	200 ATTENDING	MEDICAL STAFF	11/13/81
HOSPITAL need by the FUNERAL old be det the State	224 PHYSICIAN'S NAME (TYP	E OR PR	22e ADDRESS	J Diffector [] Throselant	1 1113/ 61
TO HOSPITA etcined by TO FUNERA should be de with the Stati	Dr. Alb	ert Bradley	490	O Belair Rd.	
Short	23a. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
00	Burial			CITY OR TOWN	COUNTY STATE
BP		11/15/85 B	altimore Nat'l	Baltimore	Md
DHMH - 16 60M 7/84 (VRA 15, 4)	Schimunek 3331 Breh	Funeral Home, ms Lane, Balto	Inc. Md. 21213 NOV	1 5 1985	ISTRAR'S SIGNATURE

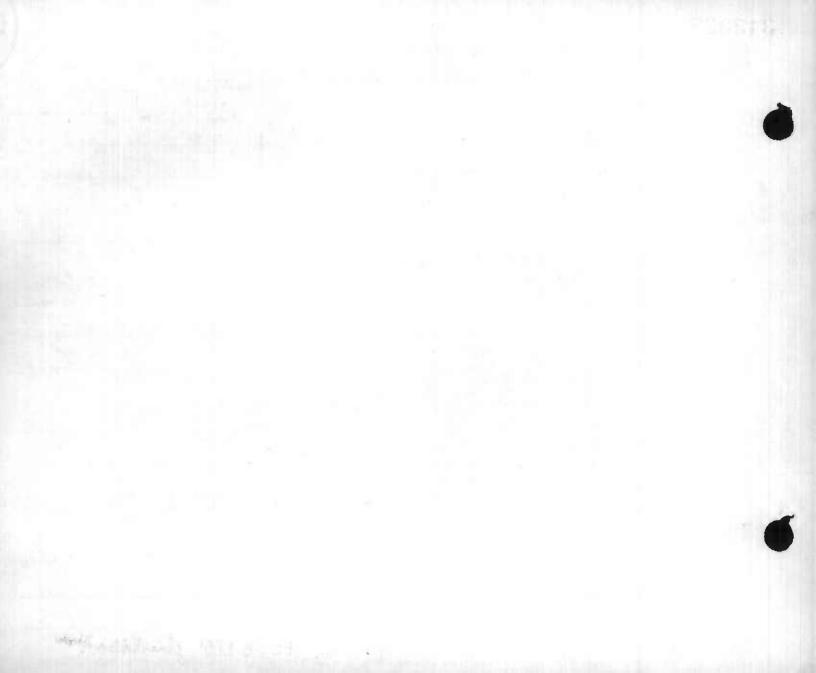
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	1-	FOR STATE			DEPARTMENT O			HYGIENE -	0 0			
221000		REGISTRAR		ME	DICAL EXAM	NER'S	CERTIFICATE		G. NO.			
324088		CEASED NAME	FIRST		MIDDLE		LAST	. 20 DATE KNOV	HINOW KIN	DAY YEAR	26 HOUR	
28.28.20	1		James	E	dward	D	odson, Sr.		ED 🗆 11	14 19 85	M	
5055	3 SEX	(DATE OF BIRTH		HEARS IF UI	NDER 1 YR. IF UND	ER 24 HRS 2c. DATE	MONTH	DAY YEAR	2d HOUR	
NO SUR	M	ale	Whie \$	ept. 6,1	1925 60	YRS.	HS DAYS HOURS	MIN. PRONOUNCED DEAD	11	14 1985	5:20P	
FCESSARY PLE NERAL DIRECT FOR YOUR FIL WITHIN 72 HOU PRESION SIDE		RTHPLACE (51)		L CITIZEN OF W		8 44 4 04	IED KNEVER MAI	9 BALTIMORE	ITY OR COUN			
NECESSARY, PLEASE FUNERAL DIRECTOR FOR YOUR FILES. W. PRESTON STREET	W	est Vir	ginia	USA WIDOWED DIVORCED Baltimore				ore Cit		MD		
		TY OR TOWN C		12 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (179					N ETYPE OF WORK	F WORK 126 KIND OF BUSINESS		
PAGE FILED	1	Baltimo	re /	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) University Hospital Proj. Manag					er Construction			
OF Z	USU	AL RESIDENCE	FIN NU THE HE WE OR	OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADM				rger			
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TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FTO FUNERAL DIRECTO AFTER DEATH, WITH THE BATTIMORE, MARYLAN	1	EXAMINER'S N (TYPE OR PRIN	T) T]	nomas D.	Smith, M.	D.	ADDRESS 1	11 Penn St.	Balto.N	1D.		
PAGE PAGE —	23a B	URIAL, CREMAT	ON, REMOVAL	DATE	23c. NAME OF C	EMETERY	R CREMATORY	236 LOCATION				
07/B4 BP	Burial 11/18/85 St. John's Lutheran Ch. Phoenix, Balto. Co								o., Mar	yland		
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STATE OF MARYLAND 343005 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) BENTRICE 8.35 DOF 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH IF UNDER 1 YEAR MONTH DAY YEAR 1873 112? Black Female TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S. Maryland WIDOWED DIVORCED | City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Provident Hosp. Balto. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13a STATE 13d INSIDE CITY LIMITS? 2449 Shirley Rd. 21207 Balto. Md. NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT IYES. NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 219-78-0076 Unkn. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIORESPIRATORY ARREST IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF CONGEGTIVE HEART FAILURE Conditions, if ony, which gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION RENAL FAILURE 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 706 IF YES, WERE FINDINGS USED 200 AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO[YES T NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 71d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE, FARM ETC.) NOT WHILE 22a | certify that (this haspital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS APORT, 23b. DATE 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) COUNTY BP. Removal 11/29/85 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIG 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 ADDRESS (VRA 15, 4) Balto., Md. Anatomy Board

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120



WHILE NOT WHILE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

24

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Bessie

Doles

5. DATE OF BIRTH

WIDOWED

REG. NO 20 DATE OF DEATH MONTH

					, -	/	
	AGE	(IN YEARS LAST BIRTHDAY)	IF UND	ERIYEAR	# UNDER 24 HRS		
		73 _{yr}	MONTHS	DAYS	HOURS	MIN	
)	BALT	IMORE CITY OR COU	NTY OF D	EATH			
	Ba	altimore	City			N	

15 85 26 HOUR

STATE

120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Nurse Aid

13. STREET ADDRESS / ZIP CODE 401 E.25th St. 3C 15 MOTHER'S MAIDEN NAME MIDDLE McDonald

17 INFORMANT

Luke Doles 401 E.25th Apt. 3C

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) couse 101, stating the underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOD 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIE FITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED

211 LOCATION 21e. PLACE OF INJURY COUNTY CITY OF TOWN (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an_ and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death

22c. DATE SIGNED 776 SIGNATUR DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1-15-85

22e ADDRESS

Union Memorial Hospital

230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY BURTAL 11-20 85 MOUNT CALVARY

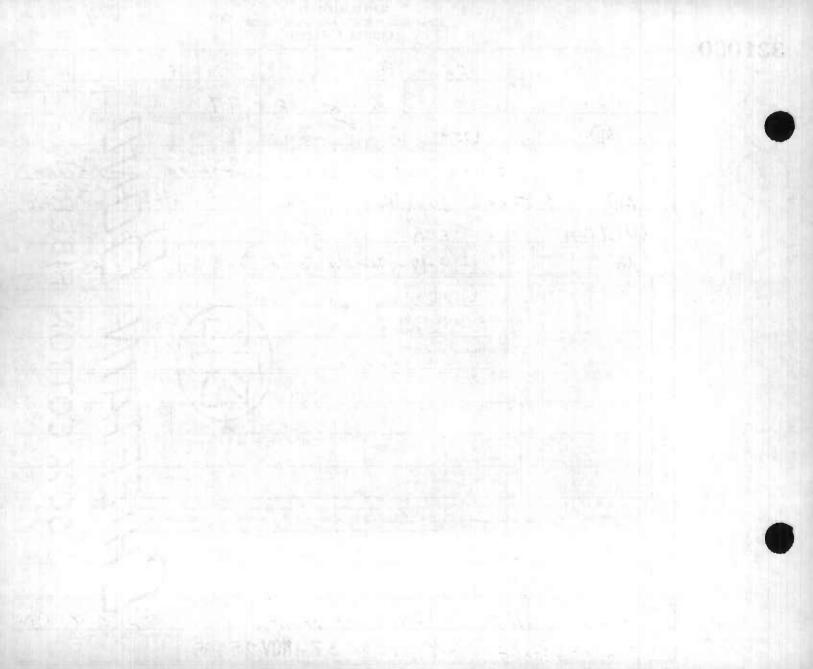
Anne Arudel COUNTY Maryland

24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE W.C.MARCH F/H CO. 1101 E. north Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)

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()	1	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE B S	30/	4 0
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to The state of th	70.0	ERTHPLACE ISTATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	1
1 7	THE C	B. 15 1	NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED GHOME OR OTHER INSTITUTION ADDRESS)	12a. USUAL OCCUPAT	F WORKING LIFE) INDUSTRY	OF BUSINESS
		AL RESIDENCE IN HURSHIO HOME OF DISTANCE O	ISC. CITY OR TOW		13e. STREET ADDRESS	905 No 3	1222 1222
11/13	7.	ATHERS NAME	Mark Wast	15. MOTHER'S MAIDEN NA	WE	W. EE	ST AND
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Sing physical control of control		PART I. DEATH WAS CAUSED IMMEDIATE		rulmenary Areva	est		
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to the last to the	CERTIFICATION	INA DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDING IN CERTIFYING CAUSES	NGS USED S OF DEATH?
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partol or CTOK, Al for use of of Health	18	22a. I certify that (1) (this hospital saw the deceased alive on obove, (1) (we) (did) (did not)		35, and that in (my) (aur) apinian	death occurred an the de		that (D(we) I couses stated
At OR A the form At DiREC Setroched are Dept. T. if here		No SIGNATURE	Brown	DEGREE ATTENDING PHYSICIAN [MEDICAL STA		SIGNED 21
TO HOSFITAL. Floring by the TO FUNERAL Should be deto WHOREAU.		Joseph	Bryer	220 ADDRESS +940	Eagtern A	tve.	
8P	23a	BURIAL CREMATION, REMOVAL	11-25-85 GI	HAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	Bys CTO .	0. M
DHMH- 16 30M 2/80 (VRA 15, 4)	14.7	WHERALDIRECTOR (KA	NA 32 MARESS/4	UNSON 57. 10	PEREC'D. BY REGISTRAR	26 REGISTRAR'S SIGNAT	URE



injury, ar other traumatic event, the

MPORTANT: If them 21 is marked or them 18 shows any

8800 HARFOLD ROAD

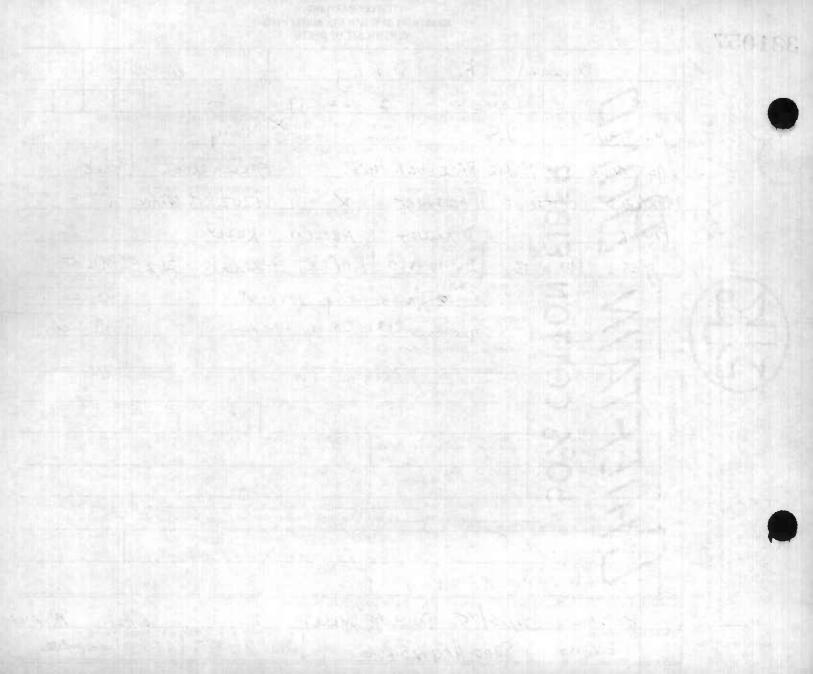
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

	1,	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0	J /	
1		CEASED NAME FIRST OR PRINT) BEVNO	ard F.	D	ling	20 DATE OF DEATH	MONTH DAY	YEAR 85	26 HOUR 9 0 0 M
	3. SEX	M	Cave.	5. DATE C		6. AGE (IN YEARS LAST BIF	YRS	S. DAYS	HOURS MIN.
4	K	RTHPLACE (STATE OR FOREIGN OUNTRY) ARYLAND	76. CITIZEN OF WHAT CO	WIDOWE		9 BALTIMORE CITY S			MD.
3	BA	LTFAORE	11. NAME OF HOSPITA	GIVE STREET ADDRESS) H	OSP.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF STEEL WOLK	OF WORKING LIFE) IN	DUSTRY	BUSINESS OR
	MA	LAND BAST	THOLE BAL	OR TOWN	13d INSIDE CITY LIMITS? YES NO [13. STREET ADDRESS	ZIP CODE	T. 21	202
)	F	THER'S NAME FIRST	- 4	OLING	15. MOTHER'S MAIDEN NAME FIRST	KELLY ADDR	ECC	LAST	
		YES W.K	VE WAR OR DATES)	-10-1400	ROBERT ?	AKSONS	12025.		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	ED BY:	al, (bl. and ic)	mary Avy	rest		10m	MATE INTERVAL INSET AND DEATH
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A C	mous Cel	1 Cary Ne	ek_		19 r	<u>vos.</u>
		PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBU</u>	TING TO DEATH BUT		INAL DISEASE OR CON	20b. IF YES, WEI		
	CERTIFICATION	BENGEN A				YES NO	IN CERTIFYING	CAUSES	
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	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUI (AT HOME STREET, FACTO	RY RY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO)WN C	OUNTY	STATE
		22s.1 certify that (1) (this hosp saw the deceased alive ar above, (1) (we) (did) (did no	1		nd that in (my) (aur) apinion	death accurred on the d	ate and have and	from the co	
		22b. SIGNATURE	1 ala lors	2 .		MEDICAL STA	FF	22c. DATE S	IGNED
		Mathyman S.	A2-1BRA		22e ADDRESS				
	1:	URIAL, CREMATION, REMOVAL SPECIFY! BUNTAL	11/24/85	DULANT	EMETERY OR CREMATORY VHLLEY	23d LOCATION CITY OR TOWN	SA	NTY Te	BARNA
	24 FU	NAME EVONS	8800 14	ADDRESS ROLL ROLL	NO NO	V 25 1985	256 REGISTRAR'S	SIGNATU	andelle

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.



16061		1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	30/48
	1		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
\$ 75	P		Edwar	rd H.	Dougherty III	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 02 85 11:18 AM
8 84		3. SE		4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD)	
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1	0	m	Januland	USA	WIDOWED DIVORCED	Baltimor	e City MD
1 11 2	20		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS I	NG HOME OR OTHER INSTITUTION T ADDRESS)	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR ORKING LIFE) INDUSTRY
8 5 2	/	nation.	Bultimore		pital	Surveyor	Construction
Za ho	36	ide !	AL RESIDENCE (IF NURSING HOME O		VN 134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZI	
100	11	_	THER'S NAME	1	15 MOTHER'S MAIDEN NA	WE TOO !	TIVETIME 21905
a 1//	61		Edward	Doughe	ert ust Botty	Marie	Weston
9417	0	16a V	VAS DECEASED EVER IN U.S. AL			ADDRESS	_ Same as
	1	"	Monday (18 185, C)	2144491	84 Edward H.	Dougherty	Jr #13
8			18 CAUSE OF DEATH (Enter o	nly one cause per line for ial, (b), a		9 9	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
4 450 5			PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (a) Septi	c shock	The state of the s	
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E 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			saw the deceased alive as	n 1/2 19 at view the body after death.	, and that in (my) (aur) opinion o	deoth occurred an the date	and have and from the causes stated
A TO THE THE			226 SIGNATURE	at view the body after death.	DEGREE		22c DATE SIGNED
A The Date of the Control of the Con	1		Span M. T	. Collison M.D	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/2/85
od by od by	7		224 PHYS CIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	0.149	
O FU	1		Joan M. T.	Collison, M.D.	301 St. Paul	Place, Balti	more, MD 21202
25 -213		230 E	URIAL, CREMATION, REMOVAL	236 DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		_	Durial	Nov. 5, 1985	Hillcrest	Annapali	s AA MI
DHMH - 16 60M 7/	'B4	24 F)	JNERAL DIRECTOR	O A O A ADDRESS	250. DAT	NUV 0 7 1095	REGISTRAR'S SIGNATURE

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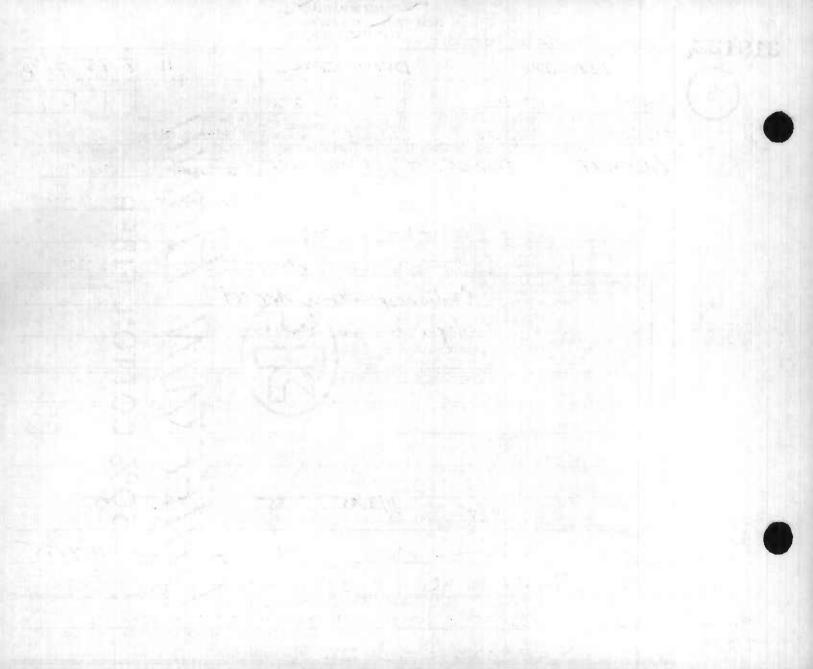
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V		CEASED NAME FIRST	_	MIDDLE	1	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
moy be		MARY		C.	DRAG	30	NOVEMBER 4, 1	.985	6;40 ^P M
	3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
The state of the s		Female	Wh	ite	4	24 15	70 YR		HOURS MIN.
no 72 Hou		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR COUL		MD.
by the further defined with	BZ	LTIMORE	JOHNS I	HOPKINS HO	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Sales Clerk		
Thiled in hould be	M	AL RESIDENCE (IF NURSING HOME STATE 13b. CO aryland	OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEFORE 134. CITY OR TOW Baltimor		13d. INSIDE CITY LIMITS YES X NO	508 S. Longwood	od Stree	t 21223
	14. F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN	MIDDLE	LA	451_
		John		Grap		Mary		Ca	lley
IMORE Impedico		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (11F YES,	ARMED FORCES? GIVE WAR OR DATES)	212-09-6		Sam J. Dra	address go 508 S. Longwoo	od St.	21223
OSPITAL OR ATTENDING PHYSICIAN: The law requires and the deather the hospital or ottending physician to the hospital or ottending physician to the deather the hospital or ottending physician to the both of after the the physician to the standard power that the physician the physician than the physician that the physician than the physician than the standard for use as the build thoust permit. Then please remoderate the State Dept of Health and Mental Hygiene prior to burial, cremating the physician than 11 is marked or them 18 shows ony injury, or other standard ceve.	MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING ALL WORK 27a certify that (I) this has saw thind coast all live above (I) (Jet did fall) 27b SIGNATURE	DUE TO, O (b) DUE TO, O (c) T CONDITIONS C 196 COND 216, TIME C HOUR A NER) P. 21e PLACE (AT HOME ST)	ONTRIBUTING TO E OF INJURY M. MONTH DA OF INJURY REEL FACTORY, OFFICE, F.	OPERATIO	N WAS PERFORMED 21c. HOW INJURY OCC 21l. LOCATION STREET	URRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN an death accurred an the date and	GIVEN IN PART I YES, WERE FINDI RTIFY ING CAUSE: YES IB PART I OR PART 2) COUNTY 19 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NGS USED S OF DEATH? NO STATE
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(VRA 15, 4)	LE	lubbard Funera	Home, I	nc. 4107	Wilke	ens Ave. N	OV 08 1985 1000	EZE GAST - V	



	1				STAT	E OF MARYLAND	()	7 0	2 100
	11.	FOR STATE		DEPART		EALTH AND MENTAL HYG	SIENE O O	2 0	1 3 1
3036		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	2	
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dice.		WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	
-		No		577-40-5	5022	Roger Dreebe	n; 6833 Cap	ri Place;	Bethesda, Mc
the.		18 CAUSE OF DEATH (Enter o	nly one cause pe	r line for 101. (b), on	d (c				ROXIMATE INTERVAL
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rou		Conditions, if ony, which	(ıb)_						
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10		underlying couse lost.	((c)						
λ,		PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PAR	I 1:0
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,	CERTIFICATION	190 DATE OF OPERATION		DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	IDINGS HEED
2 0) =				0.500.00	THE TEN OWNED		IN CERTIFYING CAU	SES OF DEATH?
Sho	7 =		2 41 51 5			l marene	YES NOX	YES 🗌	NO 🗌
26	7	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE			YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	2)
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	X	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY OFFICE F.	ARM ETC)	STREET	CITY OR TO	VN COUNTY	STATE
5			4-19-44-14-14-1-4-1-4-1-4-1-4-1-4-1-4-1-	ha da	1mio	ber 77/10 DT	Abia	10074 . Dr	
1		22a I certify that (I) (this haspi sow the deceased alive on	to offended if	e deceased from 1	71	, 17	_ to / cover	- '/	, that (I) (we) lost
		obove, (i) (we) [aid) (did no	view the body	ofter death.	, or	d that in (my) (our) opinion o	death occurred on the da	te and hour and from	the couses stated
É		226. SIGNATURE	1/100	h /		DEGREE		22c. D/	ATE SIGNED,
		(Just	THE LA	huch is	25	ATTENDING PHYSICIAN	MEDICAL STAF	FIANDE	1174185
Z	1	22 PHYSIZIAN'S NAME , TYPE	RERINT)	1771		22e ADDRESS	DIRECTOR PHYSIC	IAIN 1	161103
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-	23a. P	BURIAL, CREMATION, REMOVAL	236 DATE	23c N	IAME OF C	METERY OR CREMATORY	23d LOCATION	, , , , ,	
		Burial	11-27	-1985 Ki	ng Da	vid Mem. Gard	en Falls	Thursh 773	STATE
	24 FI	UNERAL DIRECTOR		Rockv	ille.	Md. 25a DATE	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	mginia NATURE
7/84		nzansky-Goldber	or Ob-					20. 2.	50 0
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STATE OF MARYLAND



201 W. PRESTON ST.,

DIVISION OF VITAL RECORDS,

2 1 - FOR REG	E	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MEN CERTIFICATE OF DEA	ITAL HYGIENE 5 3	3 0 /	5
1 DECEASE	T)	WIDDLE	LASI	20 DATE OF DEATH		26 HOUR
11	Charl	2S Rudolph	Dvorak		11-7-85	4:20
3 SEX		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEAR ASTE	BIRTHDAY) IF UNDER I YEAR MONTHS DAYS	HOURS M
1	Nale	Caucasian	11-7-	20 65	YRS	
BIRTHPL COUNTR	ACE ISTATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MAR	RIED 9 BALTIMORE CHY	OR COUNTY OF DEATH	881
	yland	U.S.A.	WIDOWED DIVOR	RCED Battimos	re City	
10 CITY OR	TOWN OF DEATH	 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET 	ING HOME OR OTHER INSTITU		TION 126 KIND C	OF BUSINESS
Bal.	timore	South Baltimor	re General Ho		RORATION BG	&E
USUAL RES	IDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFO		LIMITS? 13e STREET ADDRESS	7 7IP GODE	
Mar	rland Batt	011 0 1		3922 E		21225
14 FATHER	NAME	MIDDLE LAST .	15 MOTHER'S MA	AIDEN NAME	0	. 1
to (Larles	Dyorak	SR. Ros	se	Higa	INS
	OR UNKNOWN) I IF YES, GA	MED FORCES? 166 SOCIAL SEC	URITY NO 17 INFORMANT	Pol +:		11005
t/ N		216183	107 Ann	ia E. Dvorak	3922 8th St	treet
€ 18 C	AUSE OF DEATH (Enter or	nly one couse per line for (a), (b), a	The second secon		APPROX BETWEEN	IMATE INTERVAL ONSET AND DEA
P. P.	ART I. DEATH WAS CAUSE	D BY Courcle	o-Pulmonary	Arrest		
atic		DUE TO, OR AS A CONSEQU				
	ditions, if any, which		nic Cardiamy	poathy		
	e rise to immediate e (a), stating the	DUE TO, OR AS A CONSEQU				
to und	erlying couse lost	(Congest	rive Heart Fo	ilure		
	2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OF CO	NDITION GIVEN IN PART 1	0
alu S H	vontensing	1. Hemootisis	. Pulmonary	Infiltrate & A	Auscantia I	afaret
8 shows ony injur	ATL OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORM	ED 200 AUTOPSY?	706 IF YES, WERE FINDING CAUSES	NGS USED
SW C				YES NO	YES	NO [
	CCIDENT WAS UNDERLYING		216 HOW INJUR	Y OCCURRED (ENTER NATURE OF IN.	JURY IN ITEM 18 PART 1 OR PART 2)	
4	ONTRIBUTING CAUSE OF DE	Un.	19			
= / 2	NJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR 1	TOWN COUNTY	STATE
y X		(AT HOME STREET FACTORY OFFICE	FARM ETC) STREET	CITON		STATE

The I certify that III (this has a substituted 1) decount from 10 - 12 - 19.85 to 11 - 1 - 19.85 that (I) (we) lost like the december of the december of the body after death of the course stated of the property of the body after death of the course stated of the property of the body after death of the course stated of the property of the body after death of the course stated of the property of the body after death of the course of the body after death of the body after death of the course of the body after death of the body afte

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 11-7-85

Alexander Bogdaschewsky MD. 30013. Hanover St., Battimore, MI 230 BURIAL, CREMATION, REMOVAL POLDATE 123 DIAME OF CEMETERY OR CREMATORY 1230 LOCATION

Burial 11-11-85 Cedar Hill Cemetery Brooklyn

24 FUNERAL DIRECTOR 1250 DATE REC'D. BY REGISTRARY 250 REGISTRARY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT. If hem 21 is

McCurly Funeral Home 277" F. Patapsco

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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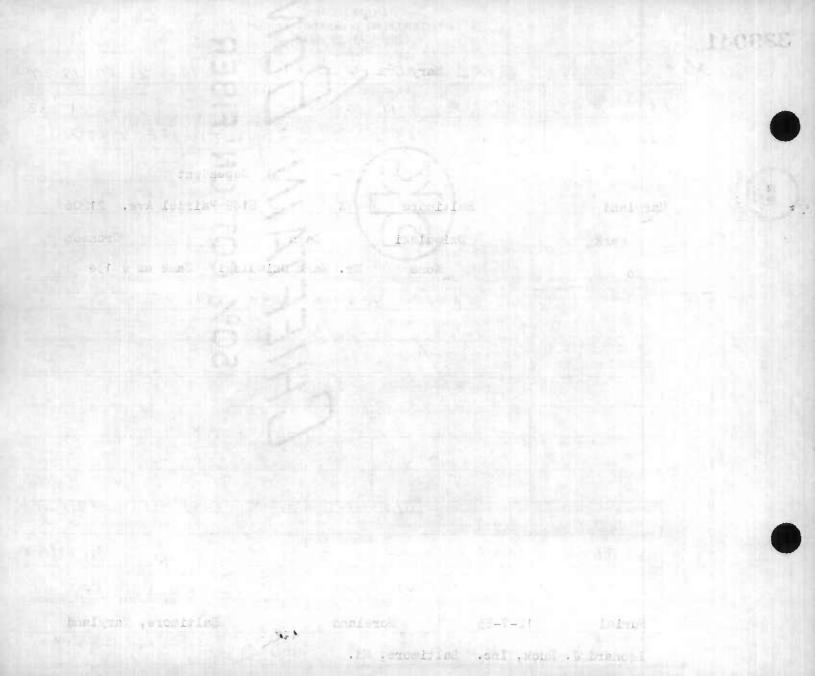
24 FUNERAL DIRECTOR

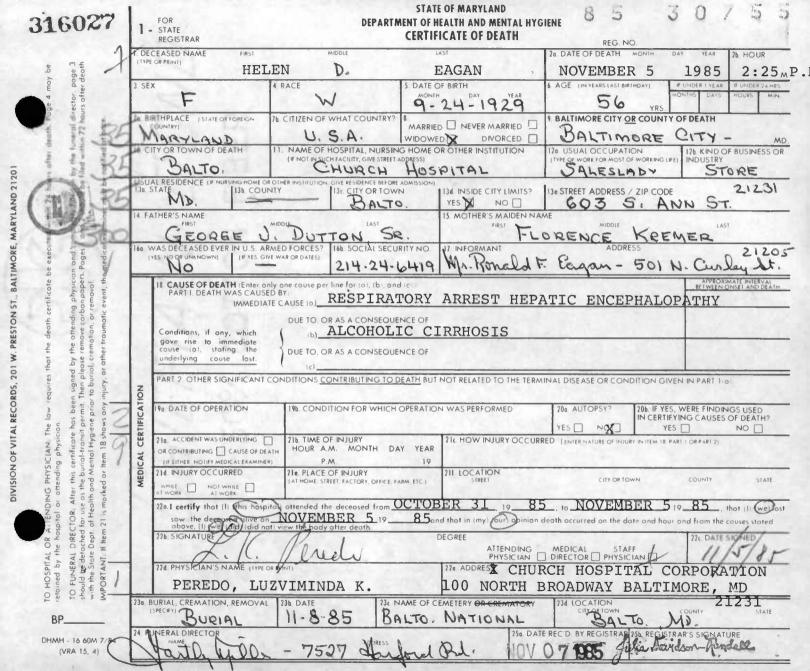
Leonard J. Ruck, Inc. Baltimore, Md.

12-7-85

250 DATE REC'D. BY REGISTRAR 236 REGISTRAR'S SIGNATURE ...

Baltimore, Maryland

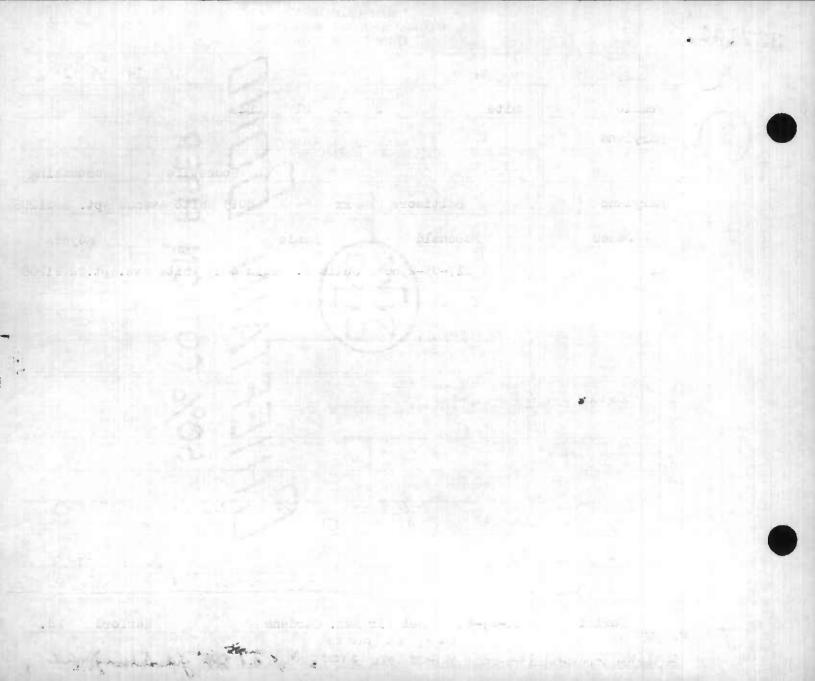




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noy be page 3		CEASED NAME FIRS	nnie	MIDDLE	- A - 4	KIN .		MONTH DAY	10 1100K
ge 4 moy	3 SE	EMALE	1 RACE	₩ HITE	S. DATE OF BIRTH	DAY YEAR	6 AGE JINYEARS LAST BIR	THDAY) IF MON	UNDER LYEAR IF UNDER 24 HRS
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filled in	13a.	MD	ME OR OTHER INSTITUTION COUNTY Bay mo	13c CITY OR TOW	LAMISSION) 13d INS		13e STREET ADDRESS .	ZIP CODE	n tane 8
MARYL red within	14 F	GEORGE	MIDDLE W.	BANGS		THER'S MAIDEN NA/ FIRST EMET.ETTA	MIDDLE		SHONNON
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re death ce of death ce more corbing mofion, or r	ij	Conditions, if any, which	th (1b)	OR AS A CONSEQUE	ENCE OF W	Hunt fa	uhy		
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AL RECORDS, he low requir ion. thos been sig if permit Ther iene prior to b rows ony injur	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION WAS P	PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [/ERE FINDINGS USED IG CAUSES OF DEATH? NO
DIVISION OF VITAL NG PHYSICIAN: The outending physicion of the burdinans in the ond Mental Hygier orked or Item 18 show		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA	DE DEATH HOUR A	OF INJURY A.M. MONTH D. P.M.	AY YEAR	W INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART	1 OR PART 2)
MVISION VG PHYS offer this offer this of the burner of t	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME S	OF INJURY TREET FACTORY, OFFICE F		CATION STREET	CITY OR TO	wN	COUNTY STATE
OR A DR A Heal		220.1 certify that (1) (this saw the deceased oli abave, (1) (we) (did) (d	ve an	11.24 19	85-, and that in	**************************************	, to death accurred on the di	11. 24 19. ote and haur ar	from the causes stated
IAL OR ATT y the hospit AL DIRECTO detoched fo of Dept of		226 SIGNATURE	- gre-		DEGREE	ATTENDING PHYSICIAN	MEDICAL STAI		11. 24 . 85
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ρ	23a	BURIAL, CREMATION, REMO	NOV.	27. 1985 M	T CARMET.	OR CREMATORY	23d LOCATION SI CITY OF TOWN PASADENA	- 9	ARUNDEL MD
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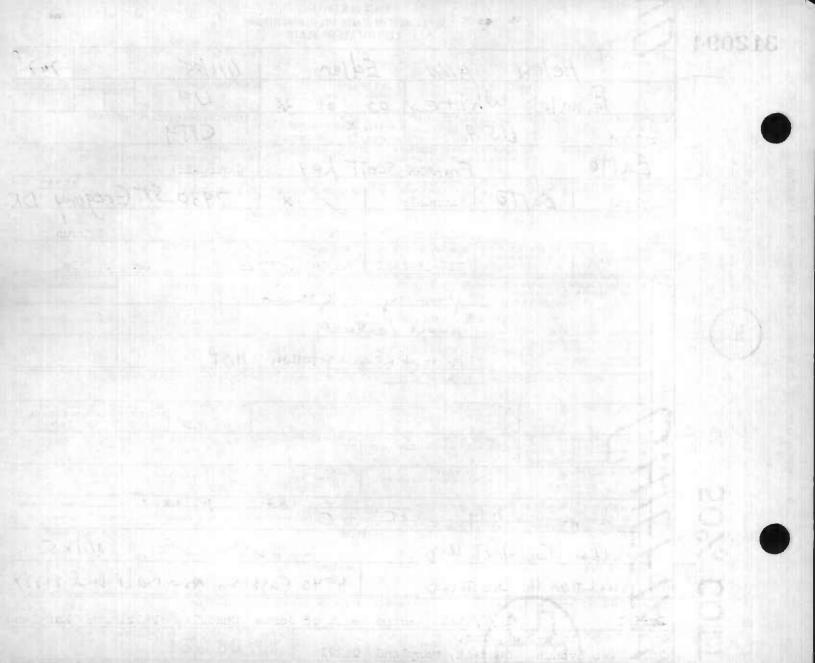
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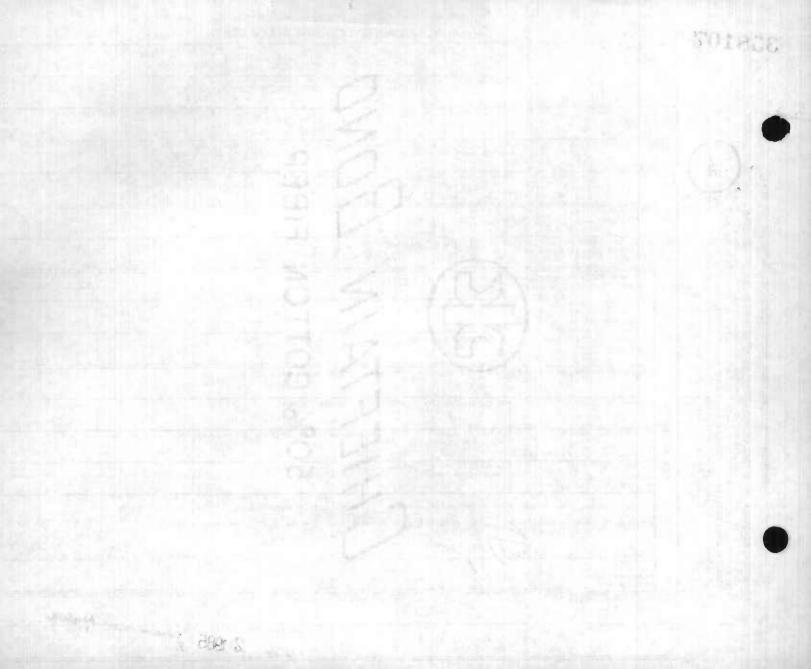
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24 FUNERAL DIRECTOR

312094	FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG IFICATE OF DEATH	IENE 8 5	30/59
may be page 3	I. DECEASED NAME (TYPE OR PRINT) Hele 3. SEX	4. RACE, S. DATI	OFBIRTH	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR PM M IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MINI
	76. BIRTHPLACE ISTATE OR FOREIGN COUNTRY Maryland	U.S. /7. WIDON	IED NEVER MARRIED VED DIVORCED	9. BALTIMORE CITY OR COUN	TY OF DEATH MD.
by the	18. CITY OR TOWN OF DEATH Butto, TISTIAL RESIDENCE OF NURSING HOME OF	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ROTHER INSTITUTION. IN RESIDENCE BEFORE ADMISSION	att Key	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	
within 24 h	Maryland 64 M. FATHER'S NAME FIRST	IR OTHER INSTITUTION LIVE RESIDENCE BEFORE ADMISSION NTY. 13t. CITY OR TOWN Dundalk	YES NO MAINTER'S MAIDEN NAME FIRST	ME MIDDLE	Gregory DR.
ORE, M executed compages 1 or com	JOhn 160. WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) (IF YES. G	Bisasky RMED FORCES? 166. SOCIAL SECURITY NO INE WAR OR DATES) 214-38-0525	May 17 NFORMANT Lewis E. Edl	ADDRESS Ler Sa	Lebrun ame as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
gorns, that Geomeorthe rights by the Office of the Office	Canditians, if any, which gave rise to immediate couse 101, stoling the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH B		HSP INAL DISEASE OR CONDITION C	SIVEN IN PART 110
TALRECOR The low respection one has been been mill permit. Pyrities price. Subsection of the permit.	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERAT	21c. HOW INJURY OCCUR	200 AUTOPSY? 200. IF Y YES NO PORT NOTICE OF INJURY IN ITEM	VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
NG PHYSICIAN of WI	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI ZI d. INJURY OCCURRED MILE AT WORK AL WORK			CITY OR TOWN	COUNTY STATE
OR ATTENDIN or hospital or bleeffor use of their of Health Nem 21 is ma	270.1 certify that 1) (this has saw the deceased alive a about 1) (we) (sid) (did not start a saw that a saw thad that a saw that a	n TV (19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE	death occurred on the dote and h	. 19, that (1) (we) last our and fram the causes stoted
D HOSPITAL OF THE STATE OF THE	Shelloy The TENDON SHELDON		22a, ADDRESS	MEDICAL STAFF POIRECTOR PHYSICIAN	lf. bul 21224
BP	230. BURIAL, CREMATION, REMOVA Burial	11/5/1985 Sacred	Heart Of Jesus	23d. LOCATION CITY OF TOWN Dundalk Ba. E REC'D. BY REGISTRAR 25b. REG	ltimore Maryland
DHMH - 16 50M 4/82 (VRA 15, 4)	7922 Wise Avenue	MODRE 33	21222 NO	V 06 1985	- The second



K	FOR - STATE		DEPARTMENT OF HEALTI			30760				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 DAMEDICAL EXAMINER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, RECOURT THE CERTIFICATE, WARTING THE WORD. PRENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2017 PROPER DIRECTOR, PAGE 3 SHOULD BE FORWARDED TO THE CHIEF AEDICAL EXAMINER ALONG WITH FORM PM. THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL REPORTED WITHIN 72 HOURS DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS OF PRESTON STATIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	REGISTRAR	FIRST	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							
Mary C	DECEASED NAME (TYPE OR PRINT)	Letha	Edmu	indson ondson)	OF ESTI- DEATH MATED	11/30/ ₁₉ 85	UR			
B-20 - T-12	female bl	MONTH DAY	YEAR 6. AGE (IN YEARS IF UI LAST BIRTHDAY) MONT	NDER 1 YR. IF UNDER 24 HR	PRONOUNCED DEAD	11/30/19 85 A	30			
PRESTO	BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.C.		VHAT COUNTRY? 8 MARR	RIED NEVER MARRIED WED XX DIVORCED	Baltimore	OR COUNTY OF DEATH	741			
13 43	CITY OR TOWN OF DE	EATH 11. NAME OF HO	OSPITAL, NURSING HOME, OR OTH	HER INSTITUTION 12a (USUAL OCCUPATION (TY OR MOST OF WORKING LIFE) Retired	4	MD.			
US 130	Baltimore SUAL RESIDENCE (IF IN N O. STATE Md	HURSING HOME OR OTHER INSTITUTION 136 COUNTY	lendale Rd. GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? 13e. S	STREET ADDRESS	21229				
14. 295	Ad FIRST	MIDDLE	Wiggs	YES NO 150 15. MOTHER'S MAIDEN NA FIRST Callonia	9 Allendale	Street	=			
\$ 4 0 - H	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRES	Phillips s	-			
	(YES, NO, OR UNKNOWN)	(#F YES, GIVE WAR OR DATES)	242-10-5961	Victoria Wh	itlev 509 A	llendale Street				
BURIAL - TRANSI AND MENTAL HY AATION, OR REMC		pny, which immediate ag the under DUE TO, O	IR AS A CONSEQUENCE OF IR AS A CONSEQUENCE OF II DUT NOT RELATED TO THE TERMINAL DISEAS			20 AUTOPSY?				
A P P P	E					YES NO	V)			
09 TO B	190 DATE OF OPER 210 EXTERNAL CAU UNDERLYING CONTRIBUTING 211 INJURY OCCUI WHILE NO		M. MONTH DAY YEAR	OW INJURY OCCURRED (EN	TER NATURE OF INJURY IN ITEM 1		N .			
				DCATION STREET	CITY OR TOWN	COUNTY STA	TE			
N		t I took charge of the remains de	escribed above, held on Autop	osy , Inspection	, Inquiry X, D	nd in my ppinion				
THE S	depth resulted from	/ 🗔	Accident , Suicide		determined monner	,				
w675	ACTUAL SIGNATURE EXAMINER'S NAME	Matural coyses X.	^	TITLE (SPECIFY) A.D. Assistant M	determined monner	DATE SIGNED 11/30/85				
(AND)	ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 0. BURIAL, CREMATION.	Notural coves X. E Greogry R. K	auffman, M.D.	TITLE (SPECIFY) A.D. Assistant M ADDRESS 111	determined monner	DATE 13 /20 /05	_			
LAND,	ACTUAL SIGNATURE EXAMINER'S NAME	Notural cayses X. E Greogry R. K. REMOVAL 23b. DATE	^	TITLE (SPECIFY) A.D. Assistant M ADDRESS 111 DR CREMATORY [238]	determined monner	DATE 13 /20 /05				



	1	FOR			DEPART	MENT OF H	EALTH A	ND ME	NTAL HYGIE	NE O		0 0	1 0) {
317045		STATE REGISTRAR		ME	DICAL	EXAMINE	R'S CER	RTIFIC	ATE OF DE	ATH	REG. NO			1
		CEASED NAW	NE FIRST		MIDDLE		LAST	7		20 DATE	KNOWN X	_	DAY YEAR	7h HOL
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NECESSARY, PLEASE UNERAL DIRECTOR. S, FICH YOUR FILES. W. PRESTON STREET,	3. SEX	(14. RACE	5. DATE OF BIRTH		6. AGE (IN YEAR			IF UNDER 24 HRS			MONTH -	DAY YEAR	
REC H				MONTH DAY	YEAR	LAST BIRTHDAY		DAYS	HOURS MIN	PRONOUN	NCED	22/		6:0
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TESSARY FERAL DIS OR YOU ITHIN 72		RTHPLACE (76 CITIZEN OF W	HAT COUN	ITRY?	MARRIED	X NEV	ER MARRIED	9 BALTIM	ORE CITY C	OR COUNT	Y OF DEATH	
S NECESSA FUNERAL S, WITHIN W. PRESTO		Pennsyl		USA	2162		WIDOWED		DIVORCED [lmore (٨
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A A A A		Balti	more			ess Ave.				rectio		icer		
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一	(Y	ES, NO, OR UNKN	OWN) (IF YES, GIVE W	AR OR DATES)						,			ess Ave	2
A A REPARE		Yes	WWI:			01 5169) [D	orot	hy Ehrer	berg i	Baltim	ore.	MD 212	30
TT. NAT.		18 CAUSE C	OF DEATH (Enter only EATH WAS CAUSED	QV.									APPROXIMA BETWEEN ONS	ET AND DEAT
A MENANTER			IMMEDIATI	CAUSE (a)	rteri	osclero	otic C	ardi	ovascula	r Dise	ease			
AND AND ST		T AND		DUE TO, OF	R AS A CON	SEQUENCE O							1000	
R ESERGE #			ins, if any, which ise to immediate	(b)										USINESS TRY O NO X STATE
W WENT		cause (a) stating the under-	DUE TO, OF	AS A CON	ISEOUENCE OF		100		-5-1-69				
DAMA DAMA		lying co	use last.	(e)										
A BOX BANK		PART 2 OINER S	IGNIFICANT CONDITIONS C		BUT NOT RELA	TEO TO THE TERMIN	AL DISEASE OR I	CONDITION	GIVEN IN PART 1 (a)					
DIVISION OF VITAL RECORDS S CERTIFICATE SHOULD BE DER RITING THE WORD "PERDING PRED TO THE CHIEF MEDING E 3 SHOULD BE USED AS A BU E DEPARTMENT OF HEALTH AN OUTPRIOR TO BURIAL, CREWAIT	N													
RECORD AS LEGAL	CERTIFICATION	19a. DATE OF	POPERATION	19b COND	TION FOR	WHICH OPERA	TION WAS F	PERFORA	AED?				20 AUTOPS	Y?
SHOULD SHOULD SRD "PE CHIEF A E USED I T OF HE	IFIC													
A OF VI	ERT	21a. EXTERN.	AL CAUSE WAS	21b. TIME O	FINJURY		Zir HOW	INTERPL	OCCURRED (ENTE	P NATHER OF IN	HIRV IN ITEM 18 I	DARY LORDAN	YES .	NO X
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S CER RRITIN ROED XE 3 S F I DEF	MEC	WHILE F	NOT WHILE	STREET, FAC	TORY, FARM, E	(AT HOME,	STREET			CITY OR TO	WN	cou	NTY	STATE
PHIS C WRIT WARD WARE I		AT WORK	NOT WHILE AT WORK	10.00										
ORV ORV FE SI			ify that I took charge	of the summing de	scribed abo	ve, held an	Autapsy [Inspection .	Inquiry	X on	d in my api	inian	
EXAMINER CERTIFICAT VULD BE FOR WILD BE FOR WITH THE MARYLAND		death result		I couse X	Armeland	, Suic		Hamici		etermined mo		o iii iiiy opi	THOM:	
EXAM CERTIL DIREC WITH WARY				11	SV	, 5010		TITLE (SP		riermined me	inner,			
CAL EXA THE CER SHOULD SHOULD SERAL DIR SATH, WIL		ACTUAL		XI	1			,				DATE	11/6	/05
₹ ₩₩₩₩₩		SIGNATURE		-			M.D	ASS	<u>istant</u> ME	DICAL EXAM	INER	SIGNED	11/0/	0.0
SE SE SE C	-	EXAMINER'S	NAME CYC	gory R. F	(auffn	an M E			111	Penn S	2+			
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE, MARYLAND	720 0	(TYPE OR PRI	TION, REMOVAL 23					ORESS) [.			
	(5	PECIFY)				NAME OF CEMI			CII	OCATION		COUNT		STATE
07/84 BP		MATION UNERAL DIREC		Nov 7 198	35 S€				rematory		onsvil		Balto.	Md.
DHMH - 17		NAME		ADDRESS		212		2.	So. DATE REC'D. 8	400F	KAZIB REGIS	SIKAR'S SK	ATURE	
(VR A15 ME (5))	Hu	abbard	Funeral Ho	ome, INc.	4107	Wilkens	ave.		MUN OB	1900	Charles April			9

STATE OF MARYLAND



323124 TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove a with the State Dept, of Health and Mental Hygiene prior to burial, cremation,

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

RF	G	N	C

	REGISTRAR			CERTIFICATE	UF DEATH	REG. N	10.		
	DECEASED NAME FIRST	м	IDDLE	LAST		20 DATE OF DEATH		AY YEAR	25 HOUR
1	TYPE OR PRINT)	MAN		ELLE	TT		MONTH DAY YEAR 11 - 14 - 85 IRTHDAY) FUNDER I YEAR MONTHS DAYS YRS OR COUNTY OF DEATH CITY, TION OF WORKING LIFE! INDUSTRY INDUSTRY APPROXIMA BETWEEN O 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [] IURY IN ITEM 18 PART I OR PART 2) OWN COUNTY 14 19 55 11 OWN COUNTY 14 19 55 11 CITAN 19 11	9-30	
3. 9	SEX	4 RACE		S. DATE OF BIRTH	, ,	6 AGE (IN YEARS LAST BE	_	TION GIVEN IN PART 1(a RAPPROXIMA BETWEEN ONS COUNTY TO GIVEN IN PART 1(a COUNTY M. 19 S. tho	IF UNDER 24 HRS
	MAle	Blac	ck	3 14	14 PEAR	71	YRS		HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8 MARRIED TX NE	VER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Virginia	1	J.S.A.	WIDOWED	DIVORCED [BALTIMORE	CITY,		WE
10.	BALTIMORE	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET, RAN HOSPI		INSTITUTION	12a USUAL OCCUPAT			BUSINESS OR
AUS	SUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					
-	Maryland 136 CO	JMTY	Baltimor	e 13d. INS	DE CITY LIMITS?	130 N. Ce	ntral .	Avenue	21202
3	FATHER'S NAME FIRST	WIDDLE	LAST	15_MOT	HER'S MAIDEN NA FIRST	AME MIDDLE	_	LAST	
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU			ADDR			
П	NO	IVE WAR OR DATES!	227-18-5	581A Jen	nie Jone	s 130 N. Ce	ntral	Avenue	
	TIE CALISE OF DEATH (Enter	anly one couse per l	line for (a) (b) and	diei				APPROXIA	MATE INTERVAL
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE	SED BY. ATE CAUSE (0)	1031	inoma	al &	eno.			4.7.000
NO.		conditions co	NTRIBUTING TO D	DEATH BUT NOT REL	ATED TO THE TER/	MINAL DISEASE OR COM	IDITION GIVE	EN IN PART 100	
CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATION WAS P	ERFORMED	200 AUTOPSY?	IN CERTIFY	YING CAUSES	GS USED OF DEATH?
	OR COLUMNIA COLUMN COLUMN	110110 4 4	INJURY A. MONTH DA	AY YEAR 21c. HO	W INJURY OCCUR				
Į.	(IF EITHER NOTIFY MEDICAL EXAMIN			19					
MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY SET, FACTORY OFFICE F		STREET	CITY OR TO)WN	COUNTY	STATE
	220 1 certify that (1) (this has saw the deceased alive to	n_11-1	3 19 5	11 - 13 -		,	,		hat (!) (we) las
	above, (1) (we) (did) (did) 22b, SIGNATURE	yiew the body o	after death.	DEGREE	ATTENDING	MEDICAL STA	FF » -	22¢ DATES	IGNED
-	224 PHYSICIAN'S NAME (TYPE	00.000043		122a AD	PHYSICIAN	DIRECTOR PHYSI	CIAN		
	A mather	9 .	SET PA	Le	theran	, Hospital	3eilt	- mure	tulas.
230	BURIAL, CREMATION, REMOVA	11/18		unt Zion (Lansdown	e,	COUNTY MO	STATE
	FUNERAL DIRECTOR				25a DA	TE REC'D. BY REGISTRAF	246 REGISTE	APLISIGNAL	IRECOLO
M	March Funeral Ho	mes 1101	East No	rth Avenue	NO	V 1 5 1985	10000	TAVENUE APPROXIMATION GIVEN IN PART TO EXITED IN PART TO COUNTY APPROXIMATION COUNTY COUNTY COUNTY Md.	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

191 3 1 1000

	3	31	_ [08	31
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate be executed that a minus offer death Page 4 may be certained by the haspital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remave corbanoppers. Page with the State Deat of Health and Mental Hydrene brian to burial, cremation, or remayol.	MPORTAN: If then 21 is marked or them 18 shows any injury, or other traumotic event, the medical militarism be confidented to

BP. DHMH - 16 60M 7 (VRA 15, 4)

.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	
1	1. DECEASEDAKA Marie		Bond Elliott	20. DATE OF DEATH	NONTH DAY YEAR 26 HOUR
	<u>M</u>	ARY M. EL	LIOTT	11/19/85	3:10 P
	3 SEX Female	Lewiacian	S. DATE OF BIRTH MONTH G G DAY YEAR	6 AGE (IN YEARS LAST BIRTH	IF UNDER I YEAR IF UNDER 24 HR MONTHS DATS HOURS MIN
35	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	US A	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city or	COUNTY OF DEATH
13	BALTIMONE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AI \$ 136 (1)	G HOME OR OTHER INSTITUTION DDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
35	USUAL RESIDENCE IF NUR 130 STATE WARYLAND	DIHER INSTITUTION GIVE RESIDENCE BEFORE A 132 CITY OR TOWN SEVENA	ADMISSION) 13d. INSIDE CITY LIMITS? YES NO P	136 STREET ADDRESS	ZIP CODE vorter field Rd. Z1144
2	TATHER'S NAME FIRST TOHN	STICKLINE	15 MOTHER'S MAIDEN NA FIRST MARU	WIDDLE	LINI) LAST
2	160 S DECEASED EVER IN U.S. AR/	WED FORCES? 166. SOCIAL SECUR WAR OR DATES) 217247			Tand 2 11 44 Minnetonka Roa
injury, ar om	E Car	cenoma of	EATH BY NOT RELATED TO THE TERM		
lows on	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WILL	OPERATION WAS PERFORMED	YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
n 21 is morked or Hem 18 sh	OR CONTRIBUTION CALLES OF DE .		19	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART : OR PART ?)
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM ETC) 211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
	22e I certify that (I) (this hospital) attended the decepsed fram \$ 20, 19 5 to 7 7 19 5 that (I) (we) last saw the deceased alive and 3:09 M 11 119 19 8 5 and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter death.				
2	276 SIGNATURE	wm	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF	AND 11/19/85
W CKIAN	BASIL G	CHMSSOS	SBGH 3001 S		half MD
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		klawn Cemetery	Essex	Balto Maryla
7/84	24 FUNERAL DIRECTOR Raymond C Fin	k Glen Burnie.	Md 21061 1250 BM	2.5 1085	REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

331117

in by the funeral director page 3 be filed within 72 hours offer death

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE
CERTIFICATE OF DEATH

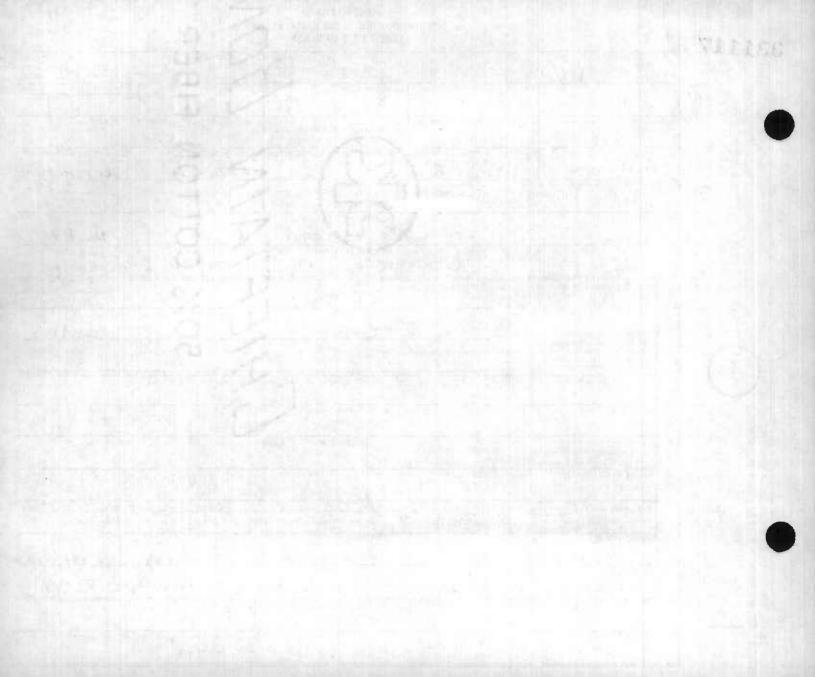
	1 -	STATE REGISTRAR	oti -	CERTIFIC	CATE OF DE	ATH	REG. NO).			
		EASED NAME FIRST	MIDDLE	SII	1		20 DATE OF DEATH	MONTH DAY	S5	26 HOUR 9 45	
3	SEX		I RACE	5. DATE OF	BIRTH	6	AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER I YEAR	IF UNDER 20 HRS	
100		F	Black	MONTH	4	24	6	YRS	THS DAYS	HOURS MIN	
i			b CITIZEN OF WHAT COUN	ITRY? 8	☐ NEVER MA	BDIED 17	BALTIMORE CITY O	R COUNTY OF	DEATH		
1		S.C.	11.5A	WIDOWED		RCED	Ci	ty		MD.	
	0 CI	Baltimore	II. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		OTHER INSTITU		28 USUAL OCCUPATION OF WORK FOR MOST OF		INDUSTRY	omation	
		RESIDENCE (IF NURSING HOVE OR OTTATE 13b. COUN'	TY IZ CITY OR	BEFORE ADMISSION		LIMITS?	3e STREET ADDRESS /	ZIP CODE	Fall	Z/228 Circle	
0	4 FA	THER'S NAME	NIDOLE LAS		S MOTHER'S M		MIDDLE		ALAS	T Å	
ŧ	6	red rae	Kid	hardson	Mago				Neu	utoN	
ľ		AS DECEASED EVER IN U.S. ARA	WAR OR DATES		D. INFORMANT	1. 0.	ADDRE		Caton	suille md	
ľ		NO	1019-0	0-5828	Taulet	Te ra	ce 79211	dain to	LII CI	MATE INTERVAL	
١		18 CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line for ia), () BY E CAUSE (a)	bi, and ici i	I Ble	ed			BETWEEN	MATE INTERVAL ONSET AND DEATH	
l	9	Conditions, if ony, which			mo	nths					
ŀ		gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF									
l	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 1:	0	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	MED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN				
ł	CERT	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJUR		I OR PART 2)		
I	EDICAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19							
ı	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C		211 LOCATION STREET		CITY OR 101	WN	COUNTY	STATE	
l		220 I certify that (1) this haspit saw the deceased give an above, (1) we find did not		Commen	-	19 Spinion de	, to NU Z	O 19.		that (1) we last	
	H	22b. SIGNATURE	Polyage the body offer death.	D		ENDING	MEDICAL STAP		22c DATE	SIGNED 21/95	
1		22d. PHYSICIAN'S NAME (TYPE OF	Goldma	n "	220 ADDRESS	200	140 Easte		e R	altmr	
+	73a R	URIAL, CREMATION, REMOVAL	1236 DATE	23(NAME OF CE	METERY OR CRE		1234 LOCATION		-		
	(Burial	11/25/85	Druid Ri			Baltimor	e	CO	Md	

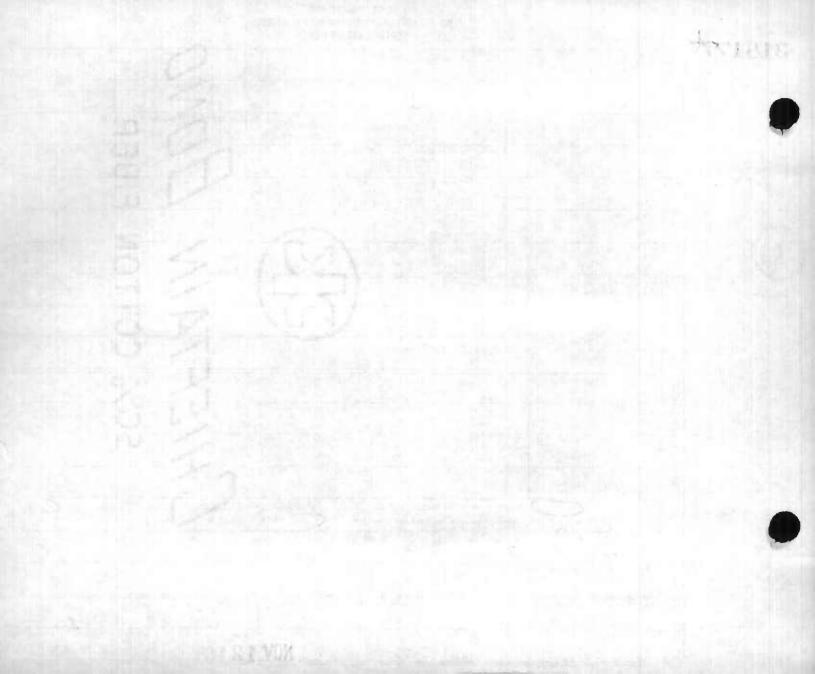
DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After

William C. March F/H West 4300 Wabash Avenue

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

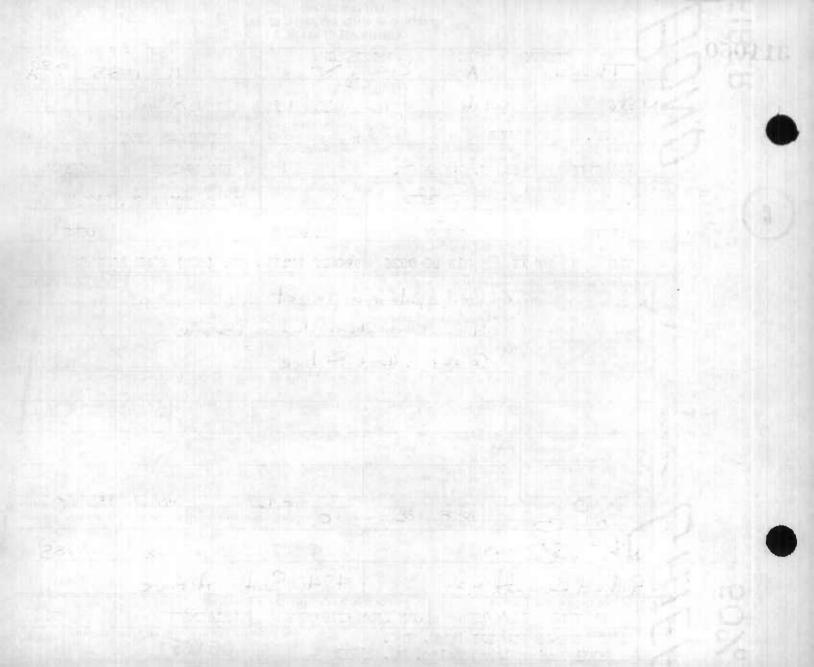




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-		1-	FOR STATE							AND MENTA		NE O	0	U	1))
32	3130		REGISTRAR			WEDI	CALE	XAMIN	ER'S C	ERTIFICATI	E OF DE	ATH	REG. NO.			1
	18		EASED NAME	FIRST		AAI	DDLE			LAST		20. DATE K	NOWN X	MONTH D	AY YEA	R 25 HOUR
	The will of		Considerati	Eliza	heth	Ma	ric	n	Els	sev		OF DEATH	MATED	11-8	19 8	35
	ACESE.	3.583		4. RACE	5. DATE OF B		10	AGE (IN YE	ARS IF UN	DER TYR. IF UN	DER 24 HRS.	2c DATE			DAY YE	AR 26 HOUR
	NASCE.	-	EMALE	DIACK	MONTH	DAY	YEAR	LAST BIRTHDA		S DAYS HOUR	S MIN	PRONOUNG DE AD	CED	11-8	19 8	35 12:2
	AL NO.	74. BI	EMALE	ATE CHE	75 CITIZEN C	26 OF WHAT	20 COUNT	65 YF				9 BALTIMO	ORE CITY OR C			
	品表系	T.	DAL VIII		U.S.A. WIDOWED DIVORCED Baltimore City,											
	2000年	10 C	RYLAND	OF DEATH								KIND OF	BUSINESS			
	A SILE				(IF NOT IN S	UCHFACILIT	Y, GIVE STR	EET ADDRESS)			FOR	DOMES	ING LIFE)	D	RIVATE	STRY
-	300 W.E		L RESIDENCE		ROTHER INSTITUT			Avenu								
/ Res	HOUD B RICORD B	13a S	TATE	13b COUNT		113	CITY C	OR TOWN		134 INSIDE CITY LIMIT	13e ST	REET ADDRES	s 2045	Ruxt	on A	venue
1 34			'LAND				BALTI	MUKE.		YES X NO			re, Md.	212	216	
1	#- EDE	14, F/	THER'S NAME		MIDDLE			AST		15. MOTHER'S MA		E	DDIE	1122	LAST.	
ORE	OF A PER		WARRAN		, , , , , , , ,		YOUN			SAD) I E				ROOKS	
TUM	MASS N	láa V	VAS DECEASED ES. NO, OR UNKNO	DEVER IN U.S. ARA				AL SECURITY		17 INFORMANT		204	45°Ruxt	on Av	enue	0.46
M	ASSESSE A		NO			2	15-2	22-964	8	Milford	H. E1:	sey Ba.	ltimore	., Md.	. 21	216
3	D D		18 CAUSE O	F DEATH (Enter onl											APPROXIM BETWEEN OF	MATE INTERVAL
2	MEN NAL		PARTIDE	IMMEDIAT	E CAUSE (o)_	Non-	-Med	icinal	Det	ergent I	ntoxic	ation			7	
STO	SA PA		100 27		DUETO	O, OR AS	A CONS	EQUENCE (OF							
景	ESASES			is, if any, which	(b)_											
₹.	WANT WATER	couse (a) stating the <u>under-</u> DUE TO, OR AS A CONSEQUENCE OF Jying cause last							An Yall	10.5						
8	SAMES		lying cao	26 1031	(c)_			100						31		
DIVISION OF VITAL RECORDS	ANERSES		PART 2 OTHER SIG	GNIFICANT CONDITIONS	ONTRIBUTING TO	OEATH BUT	OT RELATE	O TO THE TERM	INAL DISEASE	OR CONDITION GIVEN	IN PART 1 In					
9	#5555#	CERTIFICATION														
- 1	品があます。	18	19a. DATE OF	OPERATION	19b. CC	OITION	I FOR W	HICH OPER	ATION W.	AS PERFORMED?			A-15-15	2	O AUTOP	SY?
¥	28日本の第一	Ĕ													YES X	NO [
7	THE PROPERTY	1 8		L CAUSE WAS		ME OF IN		DAY YEAR	21c HC	W INJURY OCCU	JRRED (ENTER	NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)		-
×	SHOSES	1	UNDERLYING	NG CAUSE OF D		P.M.		19 85		ject ing	ested	non-me	edicina	1 det	erge	nt.
JS.	PRI	MEDICAL	214 INJURY C		21e PL	ACE OF I	NJURY	(AT HOME.		CATION	0000					
8	SOF	E	WHILE	NOT WHILE	STREE	HOM:		.)	201	5 Ruxton	Augni	CITY OR TOW		Maryl	and	STATE
	PAN STA					7						1				
	EXAMINER CERTIFICATI ULD BE FOR DIRECTOR: WITH THE			y that I took charge	e of the remove	describ	ed obov				ection .	Inquiry		n my opinio	in	
-	ME MOTES		, death results	d rom: Noture	al couses	71	Eldent (,Su	Cide XX		v	termined mar	nner,			
	\$ 5 BEB \$		ACTUAL A	Da	1/4	A		11/1	10	TITLE (SPECIFY				DATE	11-9-	OE
	345454	1	SIGNATURE	MILLI	edy	MA	uf	1010	cerm	Assist	MEI MEI	DICAL EXAMI	NER	SIGNED.	11-9	-03
	MEDICAL ECUTE THE CGE 4 SHOU FUNERAL THE DEATH.		EXAMINER'S	NAME Denn	is F.	Smyt	h M	.D.		11	1 Penr	St.	Balto.	, Md.	. 21	201
	EXEC EXEC TO PAGE TO P		(TYPE OR PRIN	VI)		Diny C				ADDRESS						
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2 62	78 B	RTHPLACE (STATE OR FORE)	GN 7b. 0	CITIZEN OF	WHAT COUN	ITRY? 8.		_	BALTIMORE CITY		OF DEATH	
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5 1 1 20	100	BALTIMORE	LINE		· TOLN	STREET ADDRESS)			MEAT PAC			SKAY
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T of the time		PART I. DEATH WAS	CAUSED BY		31/20	pulmor	an an	rest				
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(VRA 15, 4)	-	3331 E	rehms	Lane	. Balt	o. Md. 2	1213	N	OV 05 1985	avis 137	SU (ULC)	1,



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	PITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours ofter death. Page 4 in by the hospital or otherdring objection.	ERAL DIRECTOR. After this certificate has been signed by the attending physician and the utilities in the trivial unitation. See detached for use as the buriolitions appears. Then please remove carbon pages. Page 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
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DHMH - 16 60M (VRA 15, 4)

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ge 4 moy	3 SI	Male	1 RACE WHT	5. DATE OF	BIRTH YEAR 7	80 UK	HEAY) IF UNDER 1 YEAR MONTHS DAYS	R IF UNDER 24 HRS
deoth. Po	50	RTHPLACE MATERIAL COLOR	76 CITIZEN OF WHAT COU	WIDOWED		Buto.	R COUNTY OF DEATH	MD.
o de la solution de l	Tig	alto. Md /	NAME OF HOSPITAL, I		DITHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Sheet Meta		of Business or Retired
hin 24 hou	2 100	ALRESIDENCE III ON OR	OTHER INSTITUTION GIVE RESIDENCE ATY 130 CITY OF GIE	n Burnie	HE INSIDE CITY LIMITS?	6652 Rober	zip codlen Bucts Court, A	
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en sign Then I	TION	PART 2 OTHER SIGNIFICANT C		0		CW LD		
The low riction. The hos be nest permit showen.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR			YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES [NO [
Sician of physical certifical riol-tro entol Hy	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	TH DAY YEAR		RRED (ENTER NATURE OF INJU	RY IN ITEM IS PART I OR PART 2)	
Wer this os the but thought	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET FACTORY.	OFFICE, FARM, ETC.)	II LOCATION STREET	CITY OR TO	own county	STATE
Spirol on Spirol on Spirol on Spirol on Spirol on USE of Head for use to of Head on m 21 is m		22a I certify that (1) (this hospit sow the deceased alive on abave, (1) (we) (did) (did no	13 4000	19.45 ond		death occurred on the d	ate and haur and fram th	
ITAL OR A by the ho by the ho RAL DIRECT detached thate Dept		22b. SIGNATURE	Ukard	M.P.	ATTENDING PHYSICIAN	MEDICAL STA	FF /	13 S
O HOSPITAL etoined by the TO FUNERAL should be det with the State IMPORTANT		22d. PHYSICIAN'S HAME THE O	UREED		6/15	CHAS ST	BALTO	MO 2123
BP	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	16 Nov. 85	Glen Hav	en Mem. Par	k Glen Bu	rnie, ÄÄ	Md.
DHMH - 16 60M 7/84	24.	UNERAL DIRECTOR			25a. DA		256. REGISTRAR'S SIGNA	
(VRA 15 4)		Jämes S. Kirk	ley, Glen Buy	nie, Md.	21061	1/ 1 5 1005	(lin Saidur	Rando De.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

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FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

CERTIFICATE OF DEATH

	DECEASED NAME	FIRS?	MIDDLE	Ĺ	A51	20	DATE OF DEATH A	HINO	DAY YEAR	26 HOURP	
	Dr.	CHALME	RS	D. ENS	MINGER		NOVEMBER	2, 1	.985	11:37	
1.3	5EX	4 RACE		5. DATE C			AGE (IN YEARS LAST BIRTH	(YAC)	IF UNDER I YEAR	IF UNDER 74 HRS	
-	Male	1	/hite	Dec			76	YRS.	MONTHS DATS	HOURS MIN.	
76	BIRTHPLACE (S'ATE OR		OF WHAT C	OUNTRY? 8		9	BALTIMORE CITY OR		Y OF DEATH		
1	PA		USA	WIDOWE	DIVORCED		BALTIM	ORE	CITY	MD.	
70	CITY OR TOWN OF DEA		OF HOSPITA	L, NURSING HOME C	OR OTHER INSTITUTION	1 12	a USUAL OCCUPATIO	N	126 KIND C	OF BUSINESS OR	
1	BALTIMORE	The Comments		GIVE STREET ADDRESS)		t	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Physician Medica				
8	SUAL RESIDENCE (IF NUR	SING HOME OF OTHER	UTION GIVE RESID	HOPKINS H		-	144940				
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拉	FATHERS NAME	5		OIK	15. MOTHER'S MAIDEN			Cy (000, 17	400	
X	Samuel	MIDDLE	F	nsminger	Mary		MIDDLE		Louci	51	
160	WAS DECEASED EVER			CIAL SECURITY NO.	17 INFORMANT		ADDRES	S			
1	(YES, NO OR UNKNOWN)	(IF YES GIVE WAR OR DA		36 8953	MARC Eli	izab	eth S. En	cmi	naan	Same	
-	Yes				I IVII'S. LII	Zav	eur J. Li	21111		ONSET AND DEATH	
	PART I. DEATH W	'H Enter only one caus /AS CAUSED BY: IMMEDIATE CAUSE (cardiae a	nest			BETWEEN ONSET AND DEAT			
1	THE PERSON										
1	Conditions if you		O, OR AS A C	METODOLE	a es devin				30	Louis so.	
10	Canditions, if any gave rise to im	mediate)	b)							70	
1	underlying cause	DOL	TO, OR AS A CONSEQUENCE OF PERSOTRE brivel								
	PART 2 OTHER SIG	PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								0	
13		TARE E OTHER SIGNAL CONDITIONS CONTINUED TO BEATT BUT NOT RECALL TO THE TERMINAL DISEASE OR CONDITION OFFER									
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1 3	11/2/85	- 10					YES NOT		TEYING CAUSES	NO T	
1 8	21a. ACCIDENT WAS UN	1101	ME OF INJUR		216 HOW INJURY OC	CURRED	ENTER NATURE OF INJURY	IN ITEM 18	PART OR PART 2)		
III POS	OR CONTRIBUTING	CAUSE OF DEATH	P.M.	ONTH DAY YEAR	2.15						
MEDICAL	216 INJURY OCCUR	RED 21e PL	ACE OF INJU	RY	21f LOCATION		CITY OR TOW	(h)	COUNTY	STATE	
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L		This haspital attend	ed the deceo	sed fram	19 8	26	, to W/2		19 00	that (I) (we) last	
П	saw the deceas	ed glive an View the	285	19 26 , ar	nd that in (m) (aur) api	inian dec	oth accurred on the da	e and ha	our and from the	causes stated	
	226 SIGNATURE	(did fid) view file	oddy difer de		DEGREE				22c DATE	SIGNED	
	tohu	a Mertiel	is our		ATTENDIN PHYSICIA		MEDICAL STAF		01/	2/88	
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	(SPECIFIC TIOV	at da	17 100		D O		CITY OR TOWN	Car	ACOUNTY T	ownship	

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 250. DATE REC. 4905 York Road Balto., MD 21212

WARES - I TESC. 15, 1905 harden nicht nicht 61.0 Yas . . Enanthoer, Elizadell Chartinger, James 100 200 Entertained 117 IE Mount Fose Cametary apriling Great Tewachin Henry W. Jeneral & Sena Co.

495 Yerdand Balb., March 21212

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		II CAUSE C	OF DEATH (Enter ar	nly ane cause per line f	ar (a), (b), a	nd (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUI RITHING THE WORD "PENDING" IN PENCIL IN ITEM 18. ROED TO THE CHIEF MEDICAL EXAMINER ALONG WE 35 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. EPERARMENT OF HAALTH AND MENTAL HYGIENE, TO EPERARMENT OF HAALTH AND MENTAL HYGIENE, TO EPERARMENT OF HAALTH AND MENTAL HYGIENE, TO IPPIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL CERTIFICATION	19e. DATE OI	FOPERATION	19b. CONDITIO	ON FOR WE	IICH OPERATION V	VAS PERFORMED?			HEAD ONLY	
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DIN THIS C WARD WARD PAGE: TATE D	2	AT WORK	NOT WHILE [ho		6	418 Sefton		timore	MD.	
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EXAMINER: CERTIFICATE VUID BE FORM: L DIRECTOR: I, WITH THE S MARYLAND,		death result		oral causes	ccident [Suicide X		Undetermined man		man	
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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR. AFTER DEATH, WITH THE BALTIMORE, MARYLAND		EXAMINER'S (TYPE OR PRI	NT)D	ennis F. S			ADDRESS	Penn St.	Balto.MD	•	
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236 NAME OF CEMETERY OR CREMATORY

CEM

MOUNT ARBURN

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

230 BURIAL, CREMATION, REMOVAL

BURIAL

24 FUNERAL DIRECTOR W.C. MARCH F/H CO. 1101 E. NORTH AVE

11-14-85

236 DATE

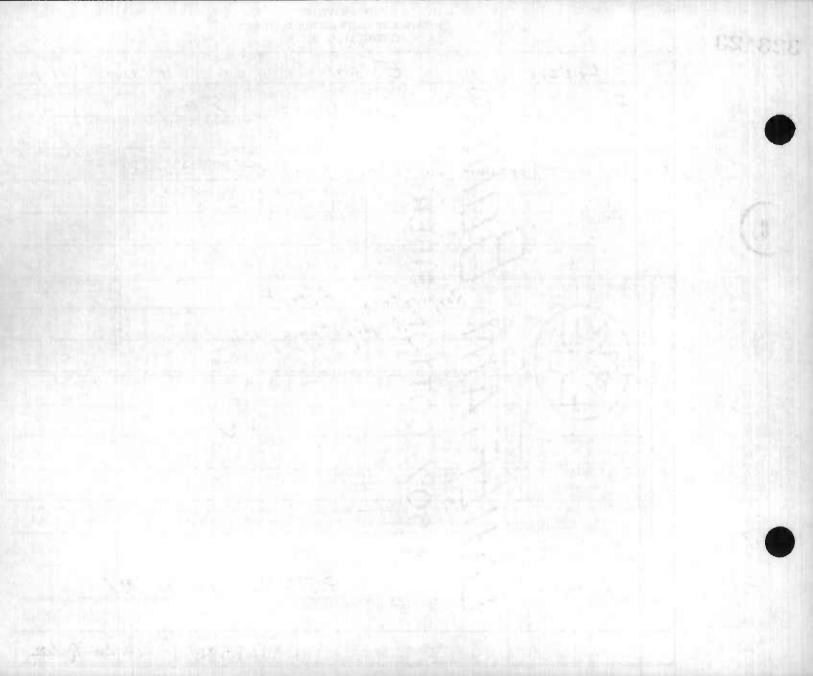
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CITY OF TOWN
BALTIMORE MARYLAND 750 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURED 100 1 3 1985

COUNTY

DEPARTMENT OF HEALTH AND MENTAL HYOLENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 338109 1. DEGE ASED NAME FIRST 0. DATE KNOWN 2b. HOUR OF ESTI-YOUR FILES. N 72 HOURS TON STREET, Erskine Jr. Evans DEATH MATED 4 RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR 24 phour IF UNDER 24 HRS 20. DATE DAY LAST BIRTHDAY) YOUR PRONOUNCED black 12:45 male DEAD 11-27-859 1952 TO BIRTHPLACE (STATE OR TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Baltimore City US WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION ETYPE OF WORK 1126 KIND OF BUSINESS Baltimore University Hospita Unemployed USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21223 BALTIMORE, MD. 21201 13a. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Baltimore YES X Edmondson Avenue Md NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Erskine Evans. Margaret Matthews 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS IYES, NO. OR UNKNOWN No 220-56-9524 Margaret Evans 1017 Edmondson Avenue ICAL EXAMINER ALONG WINTER AND ANTION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Alcoholism IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PRAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXALOF ENVEXAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-THE REFE DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND ME BALTIMORE, MARYLAND, 21201 PRIOS TO BURIAL, CREMATION, DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO L 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 TIE PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY FARM ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE 11-28-85 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION COUNTY STATE Himore 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5))

STATE OF MARYLAND

323123	STATE OF MARYLAND POR STATE STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
noy be redeath	DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 126 HOUR (TYPE OR PRINT) CIZZIE B. EVAN 11 12 85 11 p N
age 4 ma rector, po urs after o	3 SEX S. DATE OF BIRTH MONTH 12 /5 34 6. AGE (IN YEARS LAST BIRTHDAY) WONTHS DAYS HOURS MIN. FUNDER 1 YEAR FUNDER 1 YEAR ONTHS DAYS HOURS MIN.
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AND 2120 A hours Lled in by Led be file file file file file file file file	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. CITY OR TOWN 132. INSIDE CITY LIMITS? 133. STREET ADDRESS 1507 Sheffield Rd. 21218
	Is ac Brown Is Mother's Maiden Name Geneva Grier
TIMORE Truedical	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Unknown 18 CAUSE OF DEATH (Enter only one couse per line fg. (a), (b), and (c).) 18 CAUSE OF DEATH (Enter only one couse per line fg. (a), (b), and (c).)
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TO HO To February Should be with the MAPO	230. BURIAL, CREMATION, REMOVAL 23b. DATE 11-18-85 CEDAR HILL CEM. Anne Arundel Co. COUNTY Maryland
DHMH- 16 30M 2/80 (VRA 15, 4)	W.C. MARCH F/H CO. 110 Decess E. North Ave. NOV 15 1085



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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE 20 DATE OF DEATH MONTH DAY 7h HOUR DECEASED NAME TYPE OF PRINTS Everett 1985 Louis 26 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX male 1910 10 75 black BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED US Baltimore city N. C. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY AMERICAN Provident Hospita Baltimore Smelting Co USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13e.STREET ADDRESS / ZIP CODE 13b. COUNTY Baltimore 13d INSIDE CITY LIMITS? 4010 Kathland Avenue 21207 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Tom MIDDLE MIDDLE Masson Josephine Everett ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? TYES NO OR UNKNOWN) 217-03-2999 Everett 4010 Kathland Avenue 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b) and (c)
PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED IN THE LEPANNAL DISEASE OR CONDITION GIVEN IN PART 11:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICA FIF FITHER NOTIFY MEDICAL EXAMINERS P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 10 80 22a I certify that (I) (this hospital) attended the deceased from 520 sow the deceased alive an 1000 19 55 sow the deceased alive on 1913 obove, (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a BURIAL CREMATION REMOVAL 23b. DATE STATE COUNTY Buria 12/2/85 Baltimore MD Baltimore Cemetery 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

William C. March F/H West 4300 Wabash Avenue

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#2a, FilmG610 12/5/85 kam

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DHMH - 16 50M 4/83 (VRA 15, 4)	LE	ROY O. DYETT	4600 LIB.HGH	T.AVE	. NOV	0 4 1985	UR NEGISIKAK	Con-Mandelle

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2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL H

CERTIFICATE OF DEATH

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	REG. NO.		
	20 DATE OF DEATH MONTH		26 HOUR
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	& AGE IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
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	TYPE OF WORK FOR MOST OF WORKING L	IFE) INDUSTRY	to Co
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DECEASED NAME COPPLICATIONS: ELIZABETH FALLON 1: 5EX 5. DATE OF BIRTH DAY TE BIRTHPYACE CHILD CHICKEN 76 CILIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED WIDOWED DIVORCED IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Baltimore City MATHESIDENCE IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13/ PITY OR TOWN 13d INSIDE CITY LIMITS? YES P NO [4. FATHER'S NAME 15 MOTHER'S MAIDEN N WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 17 INFORMANT I YES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Canditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE IN DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED CERT 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCI HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED TIE PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY OFFICE, FARM ETC) WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from OV sow the deceased alive an All View the bady after death, abave, (I) (we) (did) (did nat) view the bady after death. and that in (my) (our) opinio 22h SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN [] 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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- STATE

REGISTRAR

234 NAME OF CEMETERY OR CREMATORY

23d LOCATION AX OR TOW

STATE

JX 250 DATE REC'D. BY REGISTRAR SA REGISTRAR'S

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MPORTANT:

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DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS Tyrone Fedd November 28, 1985 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH 3 SEX HTMC YEAR 41 Male Black 040 44 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRIMD USA Baltimore City WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR UNKNOWN PST OF WORKING LIFE) Baltimore "Union Membrial Hosp. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION: 130, STAFAD 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Ball Himore YES X 514 E. 26th St NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Mack Gardenbranch Ann Frederick Lee 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) No 218-36-0050 Alice Mattie Frederick 514 E 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T 71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY EVIT OR TOWN MARE AT HOME STREET FACTORY OFFICE, FARM ETC ! WHILE NOT WHILE 220 | certify that H (this hospital) attended the saw the deceased alive on 500 obove, \$6(we) (did) (did) and that in (pur) opinion deoth accurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 276 ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore COUNTY MDIATE Burial 12/3/85 Mt. Zion Cem. DEC 2 1985 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 110 E. North Ave. Wm. NAMEC. March F/H



	1	STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG HICATE OF DEATH	SIENE 8 5	30	/ 8	3
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DHMH - 16 50M 1/81 (VRA 15, 4)	24 FL WAI	TERE BROOKS	BRAD	LEY INC	C., BALTO	., MD	. 21222 250 DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S S	TO THE PARTY	

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h and Me	MEDI	WHILE NOT WHI	IE []	21e. PLACE OF (AT HOME, STREET	INJURY T, FACTORY, OFFICE	, FARM, ETC }	211. LOCATION STREET		CITY O	RTOWN	COUNTY	STATE
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for for sof H		saw the deceased	d olive on_	view the hady of	ter denth 19	on	d that in (my) (our) a	ppinion death	occurred on th	e date and ha	our and from the	e couses stated
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eath. Po	n 72 hou	5	IRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH Balto City				
softer d	led will	1.	Balto. City	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET Sina: Hospital	ADDRESS)	or other institution	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST O		126. KIND OF INDUSTRY	BUSINESS OR	
n 24 hour	filled in	136.	Maryland Balto	OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE CITY LIMITS?	130. STREET ADDRESS 4105 Lowel	1 Drive	#	21208	
d within	and 2 s	1	ATHER'S NAME FIRST CA /	MIDDLE LAST Feldman		15. MOTHER'S MAIDEN NA/ FIRST SUSAN	WIDDIE		WEISS		
6	Property	160	WAS DECEASED EVER IN U.S., AR (YES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? /E WAR OR DATES) 16b. SOCIAL SECTION MONE	URITY NO.	17. INFORMANT CAF	RL FELDMANDRE DR. BALT	ro., MD	2120	18	
U	Part !		18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), or	nd (c.)			1-4-	APPROXIA BETWEEN O	MATE INTERVAL	
1	1771		PART I. DEATH WAS CAUSE	TE CAUSE (0) respiratory	, arre	st			1 min	vte	
5	Confinence of the Confinence o			DUE TO, OR AS A CONSEQU	ENCE OF			-595			
de de	offe offer roun		Conditions, if any, which gave rise to immediate	(16) cancer me	tastas	es in the lung	2		1 mon	th	
hot the	d by the lease ren iol, crem or other		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF						
equires	n signed Then plo r to burid injury, o	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	inal disease or coni	DITION GIVEN	IN PART Ho		
lo wo	s bee	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W			
The Cion.	sit pe	1 2				1	YES NO S	YES [NO 🗆	
ICIAN:	s certificate buriol-transit Mental Hygin		2 € G. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUS	Y IN ITEM 18 PART	ORPART 2)		
IG PHYS	s the bur	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	216 LOCATION STREET	CITY OR TO	WH	COUNTY	STATE	
TENDIN	TOR: Affortuse of Health		226.1 certify that this hosp saw the deceased alive an	Nov - 3 It view the body ofter death.	15 . a	10/27 19 85 nd that in (my) (our) apinion (ta_Nov. 3			hat (I) (we) last	
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O HOSPII	TO FUNERAL should be det		Esther Y. Jo		2	Sinai Hosp. of	Baltimore Ge	recusprin	g at Ber	lvedere	
₽ € BI		230	BURIAL, CREMATION, REMOVAL ISPECIFY) BURIAL	NOV.4,1985	BETH T		BALTIMOR	E	OUNTMARY	(LAND ^{NE}	
	- 16 50M 4/B2		UNERAL DIRECTOR SOL	LEVINSON & BROS.	, INC	250 DAT	E REC'D. BY REGISTRAR				
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STATE OF MARYLAND

1-	STATE REGISTRAR		DEPARTA		ICATE OF DEATH	REG. N	NO			10
	CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	2
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3. SE	X	4 RACE		S. DATE C		6. AGE (IN YEARS LAST B		NDER I YEAR	IF UNDER 2	
	Female		ite	MONTH 1	18 18	66	YRS.		HOURS	MIN.
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	_			
	Maryland		USA	WIDOWE		Baltime	ore City			MD.
10 CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINES	SOR
35	Baltimore /	St. A	gnes Hosp	ital	21229	Housewit		INDUSTRY		
	AL RESIDENCE (IF NURSING HOME OF		130 CITY OR TOW		134. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE			
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14. F.A	THER'S NAME				15 MOTHER'S MAIDEN NA	ME				
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lán V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECU		17. INFORMANT	May				
		E WAR OR DATES)	215-22-5			0710 * 1				
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	underlying cause last.	100.00	MARKED		ONARY ATT	EROSELE	FROSIC	76	FAR	S.
	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO I					IN PART 1	01	
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FIC						N/) -	IN CERTIFYING	G CAUSES	OF DEATH	1?
ERT	210 ACCIDENT WAS UNDERLYING	1 21b. TIME C	E INTITION		21c. HOW INJURY OCCUR	YES NO	YES [=3	ио 🗆	
	OR CONTRIBUTING CAUSE OF DE	- Limite I	M. MONTH DA	YEAR	TILL HOW HAJORT OCCUR	KED (ENTER NATURE OF IN)	JRY IN ITEM IS PART I	OR PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		M.	19						
NED A	214 INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR I	OWN	COUNTY	5.1	ATE
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	22a certify that (1) (this hospi	tol) ottended th	e deceosed from_			, to			thot (I) (w	e) lost
	sow the deceased alive on above, (1) (we) (did) (did no	Al discount has been	-frd	, 01	nd that in (my) (our) opinion i	death occurred on the	date and hour on	d from the	couses stot	ted
	72b. SIGNATURE	II) VIEW THE DOOY	oner deoin.		DEGREE			22c. DATE	SIGNED	
	Jones S	701		,	ATTENDING	MEDICAL STA	AFF	111	10/0	_
	22d PHYSICIAN 3 NAME (TYPE O	OR PRINT)		- '	22e ADDRESS	_ DIRECTOR PHTS	CIAN		7173	
	Ante		AVIDE		ST A.	,=, H	2.50			
-	JITIME S		AYLOR			IES HOS	11/1/			- 60
23e. E	SURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	C(YINUC	51	ATE .
	Burial	11/21/	85 Ba.	ltimo:	re National Co	em.			Martvi	and

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by is should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, and

ATTENDING PHYSICIAN: The

morked or Hem 18 shows ony

IMPORTANT: If Hem 21 is

24 FUNERAL DIRECTOR

Baltimore National Cem. Maryland Personal County State Maryland 2121 1 NUV BY REGISTRAN SSIGNATURE

COUNTY

Balto., Md.

(VRA 15, 4)

Anatomy Board

- STATE

3. SEX

CERTIFICATION

REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

STATE OF MARYLAND

Finnerty

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

REG. NO.						
20 DATE OF DEATH MONTH	DAY	YEAR	26 HOL	R		
20 DATE OF DEATH MONTH November 30 6 AGE (IN YEARS LAST BIRTHDAY) 88	198	5	12:00			
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS		
88 YRS	MONTHS	DAYS	HQURS	MIN.		
9 BALTIMORE CITY OR COUNT	Y OF DE	ATH				

Male 70. BIRTHPLACE I STATE OF FOREIGN Maryland

7b. CITIZEN OF WHAT COUNTRY?

arl

16 MARRIED A NEVER MARRIED

Baltimore

12b. KIND OF BUSINESS OR Penn. R.R.

Dunnigan

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Maruland.

Baltimore

Baltimore

13d INSIDE CITY LIMITS? YES DOC NOF 15. MOTHER'S MAIDEN NAME

h (Linton St. 21224 13e STREET ADDRESS South

14 FATHER'S NAME

Michael

Finnerty SOCIAL SECURITY NO

Francis Scott Key Medical

17 INFORMANT

Margaret

M. Dolores Finnerty 1125 S. Clinton St.

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)

13b COUNTY

John

4 RACE

18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

Retired

underlying couse

Conditions, if ony, which gave rise to immediate couse (o), stating

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION

20a AUTOPSY?

DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [

COUNTY

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

> NOT WHILE AT WORK

sow the deceased alive on

216. TIME OF INJURY HOUR A.M. MONTH P.M 71e PLACE OF INILIRY

DAY YEAR 19

(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21f LOCATION CITY OR TOWN

in (my) (our) opinian death accurred on the date and have and fram the causes stated

STATE

abave, (1) (we) (did) (did not) view the bady offer death

220 1 certify that (1) (this hospital) oftended the deceased from

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22c. DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

should be deta with the State

MPORTANT

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

23c NAME OF CEMETERY OR CREMATORY emeteru

DEGREE

astwood

Broaders

24 FUNERAL DIRECTOR

hartes S. Zeiler & Son Inc. 901 S. Conkling St

MESBAH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	<i>y</i> -	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL HYG	IENE	REG. NO.	0 0 .	
			George	MIDDLE	Fisher	r C	2a DATE OF		19 1985	26 HOUR 11:15p
3	3 SEX		4 RACE	5. DATE OF BIRTH			6. AGE (IN YE	ARS LAST BIRTHDAY}	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male	Cau	ucasian 0°5" 29 0°0"			85	, v	MONTHS DAYS	HOURS MIN.
3	BIF	RTHPLACE (STATE OR FOREI OUNTRY)	ISA	OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED			INTY OF DEATH	MD.
9	1	Baltimore	st.	Agnes Ho	spit	or other institution al		FOR MOST OF WORKI		truction
2	3a S		County Balto.	13. CITY OR TOW Catons	/NI	YES NO A	.122	DDRESS / ZIP C	oo l Avenue	21228
1		ther's NAME homas	MIDDLE	Fishe	r	15. MOTHER'S MAIDEN NAM	ME	MIDDLE	Gard	ner
7	60 W	AS DECEASED EVER IN L	J.S. ARMED FORC	TAN .		17 INFORMANT		ADDRESS	16.4	
1		ES NOOR UNKNOWN) (H		218-03-	4160	Georgia Fig	sher	Same A		KIMATE INTERVAL ONSET AND DEATH
	CERTIFICATION	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF (c) Aprilia Steriosis of Aprilia Invergent (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES,								INGS USED
4	TIEIC						YES 🗆	NOTE	ERTIFYING CAUSE YES	S OF DEATH?
		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOU	ME OF INJURY R. A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTERNAT	TURE OF INJURY IN 1981	M 18 PART I OR PART 2]	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HO)	ACE OF INJURY ME STREET, FACTORY OFFICE, F	ARM ETC)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		22a.1 certify that (I) (thi saw the deceased a abave, (I) (we) (did)	live on	1/19		nd that in (my) (our) opinion o	, ta death accurred	on the date and		that (I) (we) last causes stated
		226 SIGNATURE	0000	· Pillai		M). ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN	- 111	19/85.
		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)			27e ADDRESS				
2	23a B	urial, cremation, rea Burial				EMETERY OR CREMATORY	23d LOCA	OR TOWN	COUNTY	STATE
		Rurial	17.1	22-85 S	+ T	aha Camatan	- 1 777	2 1 1		3 9 0 7
2	24 51	INERAL DIRECTOR	111-	22-0) 5		ohn Cemetery 228 25a DATE		Licott	City, H	oward MD

		1	FOR		STA		AARYLAND	UVCIENE 3	3 0	19	3
2	DIMOAC		STATE REGISTRAR		DICAL EXAMI			DEDEATH	NO		
no	37046	1. DE	CEASED NAME FIRST		MIDDLE		LAST	2a DATE KNOWN		DAY YEAR	26 HOUR
9	San 2 m	(FYP	E OR PRINT) LUCILI	le		Fi	isher	OF ESTI- DEATH MATED	11/	24/19 85	5
	PLEA ECTO FILE HOUS STREE	3 SEX		5. DATE OF BIRTH	YEAR LAST BIRTH	EARS IF UN	DER 1 YR. IF UNDER		MONTH	DAY YEAR	
	DIRE DIRE DIN S		7 B	8 30	26 40	PAY) MONTE	HS DAYS HOURS	MIN PRONOUNCED DEAD	11/	24/1985	P M
-	PAR A PAR	70. BI	RTHPLACE (STATE OR REIGN POUNTER)	76. CITIZEN OF WI		8. MARR	IED NEVER MARK	9 BALTIMORE CIT	Y OR COUNT		
•	STATE STATE OF		ma	UIC	S.A	WIDOW	Maria .		e City	,	MD.
	2 単 2 日 2 日 2 日 2 日 2 日 2 日 2 日 2 日 2 日	ID. CI	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOA	E, OR OTH	ER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK	126 KIND OF BI OR INDUST	
13	NOS TO		Baltimore L'RESIDENCE (IF IN NURSING HOME O	1813 Wa	lbrook Ave.			House Lee	ben	0	
5 1 2	63300	130. S	TATE / 13b COUNT		VE RESIDENCE BEFORE ADMIS	SION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 1	1,	7-12h	.6
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*	S S S S S S S S S S S S S S S S S S S	=	18 CAUSE OF DEATH (Enter and		1-11-07-	2000	Lance	- DIL - Private	10	I APPROXIMAT	TE (NIERVA)
15	NE NE NE		PART I DEATH WAS CAUSED	RY.		rotic	Cardiovas	scular Disease		BETWEEN ONS	T AND DEATH
10t	SEGERAL SAN		IMMEDIAT		AS A CONSEQUENCE		Cardiovas	scurar Disease			
PRES	THIN SER AL	14	Canditians, if any, which gave rise to immediate	(b)_							
3	322EE8		cause (a) stating the under-	< '''	AS A CONSEQUENCE	OF					
201	DAME EX	13	lying cause last.	(c)							
DIVISION OF VITAL RECORDS	VUID BE EXECUTED "PENDING IN BE EF MEDICAL EXA SED AS A BURIAL F HEALTH AND ME AL, CREMATION		PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEAS	E DR CONDITION GIVEN IN P	ART 1 (a).			
8	MEDINA ME	CERTIFICATION									
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Y	NOR SECUL	E	210 EXTERNAL CAUSE WAS	21b. TIME OF	INITION	21 116	SIVIN IN INC.			YES 🗌	NO 🗓
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DIVI	SRREE	ME	WHILE D NOT WHILE D	STREET, FACT	TORY, FARM, ETC.)		STREET	CITY OR TOWN	COL	YTAL	STATE
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	A SE SES		220 I certify that I taok charg			Autap			and in my ap	inian	
	EXAMI CERTIFI JLD BE DIRECT WARYU		death resulted fram: Natur	al causes X,	Accident L, S	uicide 🔲	, Hamicide	Undetermined manner	٦.		
	W. Y.		ACTUAL SIGNATURE	1 (hr	IN.	AA	D Assistan	MEDICAL EXAMINER	DATE	11/25	/85
	AEDICAL CUTE THE SE 4 SHC FUNERAL ER DEATH		14.			***		MEDICAL EXAMINER	SIGNE	0	5,
			(TYPE OR PRINT) Ann	M. Dixon	M.D.		ADDRESS	111 Penn St.			
	5X 4 5 A A	23a.B	JRIAL, CREMATION, REMOVAL 2	B DATE	234 NAME OF CE	MEJERY O	R CREMATORY	13d LOCATION CITY TOWN	COUN	ITY 0.5	TATE A
07/84 25M	BP	24.5	SMIS	1-24.5	5 V, /+.	Cen	- Trelin	Dano		m	d
	DHMH - 17	2	JINERAL DIRECTOR OF AME OF SMILE OF	ADDREes	317111.	14.1	16 12 NO	V 2 9 1985	Band L	son-hands	38
	(VR A15 ME (5))	1/	perges, t	vavo	05/6m	m/	Thy	1 2 3 500			-

319069 eral director, page 3 mpfetely filled in by the DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician diffed is should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MAPORTANT: If tem 21 is marked or item 18 shows any injury, or other troumatic event, the medical requires that the death certificate

STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENI	E
CERTIFICATE OF DEATH	

DECEASED NAME PHILIP H. FISHER NOVEMBER 7, 1985 2:43P_M 200000000000000000000000000000000000	1 -	FOR STATE REGISTRAR			DE		HEALTH AND MENTAL FICATE OF DEATH	HYGIEI	NE REG. N	0.	0 /	
PHILIP H. FISHER NOVEMBER 7,1985 2:45P.M. MALE CAUCASIAN JAN. 13, 1899 86 96 985 985 986 985 985 985 985 985 985 985 985 985 985			FIRST		MIDDLE		LAST	2	a. DATE OF DEATH	MONTH	DAY YEAR	
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THE FATHER'S NAME SAMUEL SAMUEL SAMUEL FISHER MARTHA MEDIT FISHER MARTHA MEDIT FISHER MARTHA MEDIT MARTHA MELSTE'IN MD 1210 125 MARTHA MELSTE'IN MD 1210 MARTHA MRS. LOUISBPRGLAZER APT. 4U5 MELSTE'IN MD 1210 MARTHA MRS. LOUISBPRGLAZER APT. 4U5 MIDIT MELSTE'IN MD 1210 MARTHA MRS. LOUISBPRGLAZER APT. 4U5 MIDIT MELSTE'IN MD 1210 MARTHA MRS. LOUISBPRGLAZER APT. 4U5 MIDIT MELSTE'IN	13a S	STATE					13d INSIDE CITY LIMIT	TS? 13	3713 CLARK	S LA.	APT. D	(21215)
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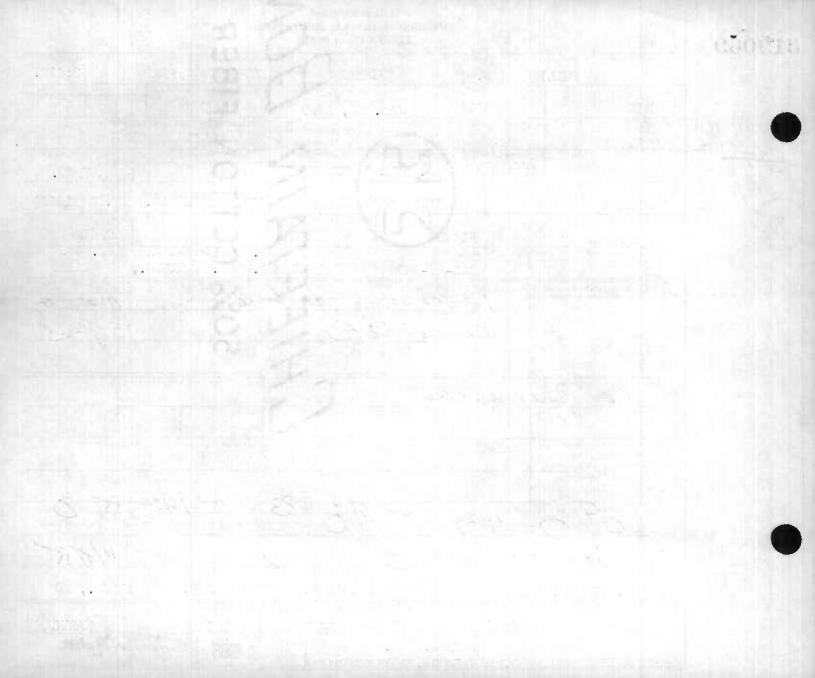
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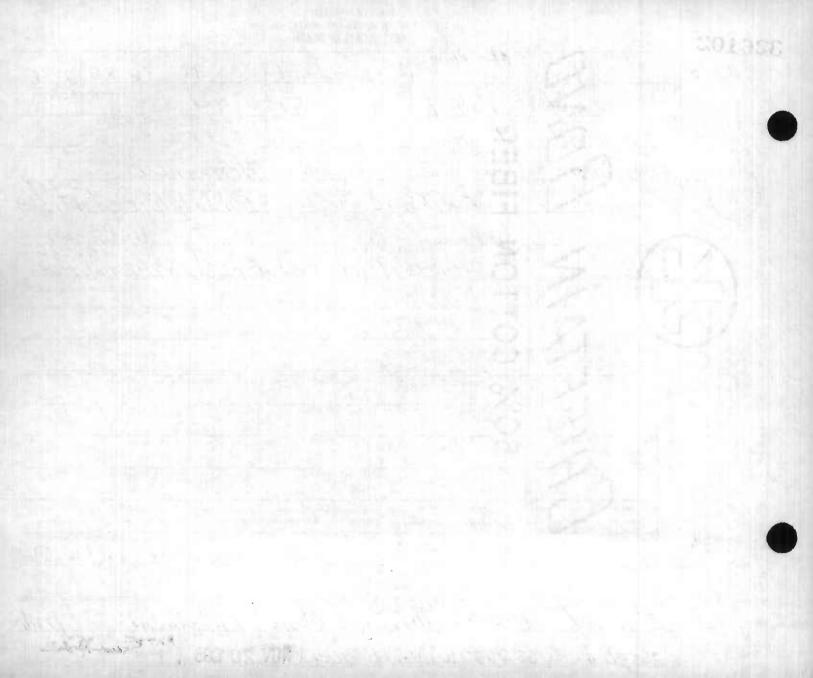


A. Alan Seitz. Jr. 3818 Roland Ave. 21211

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	STATE OF MARYLAND	0 / 9 8
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ORDS		z	PART 2 DIHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	TERMINAL DISE	ASE OR CONDITION	GIVEN IN PART 130				
L REC		ATIO	19a. DATE OF OPE	RATION	196. CONDIT	ION FOR WHICH	OPERATION '	WAS PERFORA	AED?			20 AUTOP	SY?
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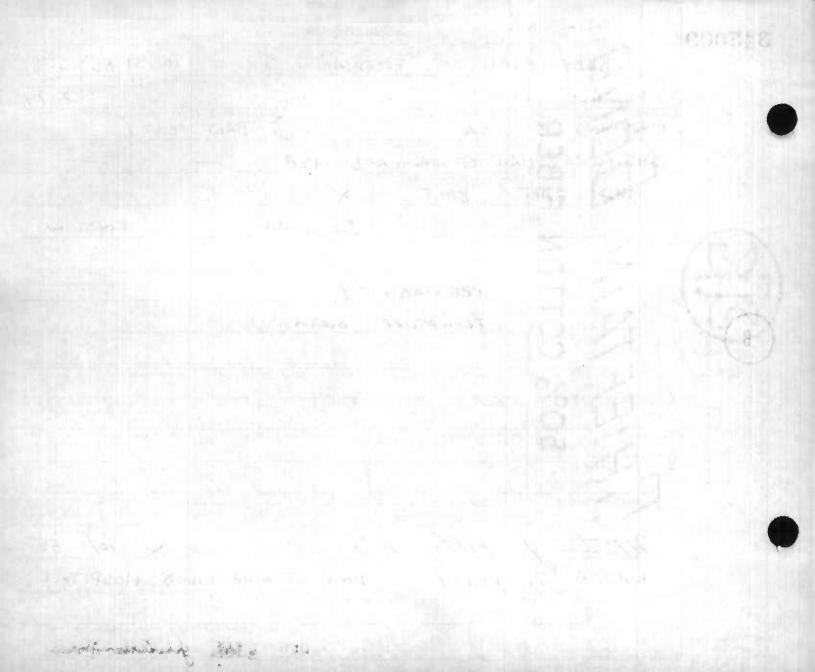
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equires that the death certificate in signed by the attending physics. Then please remove carbon paper to buriol, cremotion, or removal injury, or other traumotic event, the	NOI	Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	garlenson	TERMINAL DISEASE OR CONI	DITION GIVEN IN PART I.o.
The low riction. The hos bee the hos bee saft permit. Shows ony	CERTIFICATION	19a DATE OF OPERATION		HICH OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
G PHYSICIAN: The ottending physician physician is the buriol-tronsit and mental Hygier ked or hem 18 sho	MEDICAL CE	718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA LIFE EITHER, NOTIFY MEDIC AL EXAMINER) 718. IN JURY OCCURRED WHILE OF OUT WHILE AL WORK AL WORK AL WORK		1 DAY YEAR 19 211 LOCATION	CCURRED (ENTER NATURE OF INJUS	
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DHMH - 16 50M 4/83 (VRA 15, 4)	74. FI	UNERAL DIRECTOR	Collie bay 31	E Oliver St.		25b REGISTRAR'S SIGNATURE

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AND 21;	Ma	Ly zama		CE BEFORE ADMISSION) OR TOWN IMORE	134. INSIDE CITY LIMITS? YES A NO		ZIP CODE Lton Avenue	21223				
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BP	23a E	SURIAL, CREMATION, REMOVAL SPECIFY) Burial	11/8/85	Cedar 1	emetery or crematory Hill Cemetery	23d LOCATION	county A	sr M td				
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	eorge J. Gonce	4001 Ritch	rie Hgwy	Balto Mc 250 DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNAT	URE				

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mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

H		DEC.	

1	R R	REGISTRAR		CERTIF	ICATE OF DEATH		REG. NO.				
	1. DECE	ASED NAME FIRST EDWARD	WIDDLE	FRA	NKLIN	2a DATE (OF DEATH MONTH	18	VEAR 85	7 00 B	AA
	3. SEX	Hale	black	5. DATE C	DAY YEAR	32		RS.		IF UNDER 24 HRS HOURS MIN.	_
Š		HPLACE (STATE OR FOREIGN JINTRY)	76. CITIZEN OF WHAT COUN	MARRIEI WIDOWE	NEVER MARRIED	2	ORE CITY OR COU	NTY OF I	DEATH		D
7	BA	OR TOWN OF DEATH	11. NAME OF HOSPITAL, N PROVIDENT	HOSOIT	or other institution	TYPE OF WO	LOCCUPATION ORK FOR MOST OF WORK!		Ib. KIND O NDUSTRY	F BUSINESS O	R
1	13e STA	Md -			13d. INSIDE CITY LIMI YES X NO	4	ADDRESS / ZIR C	ODE n/ic		Road	
	3	Tames	MIDDLE Frag	Klin	Carrie	N NAME	MIDDLE		Chris	tian	
		S DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL (231-3	SECURITY NO. 36-4632	Nancy H.	Frankli	n 44137	Pinli		?oad	
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O HOSPITAL

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TO FUNERAL DIRECT should be detach IMPORTANT. IF

230 BURIAL, CREMATION, REMOVAL 236. DATE Burial 11/22/85

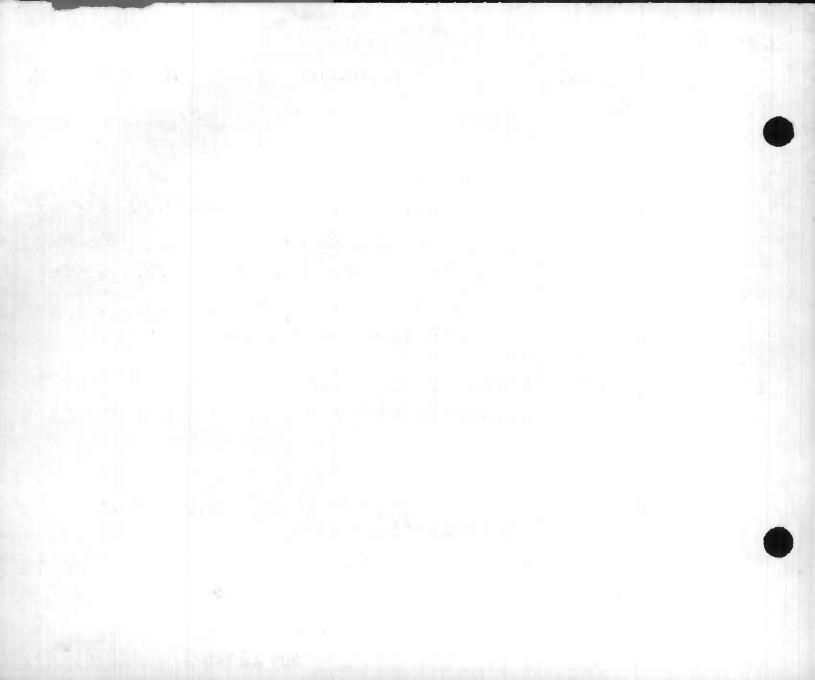
73c. NAME OF CEMETERY OR CREMATORY King Memorial Park

23d LOCATION
CITY OR TOWN
Randallstown

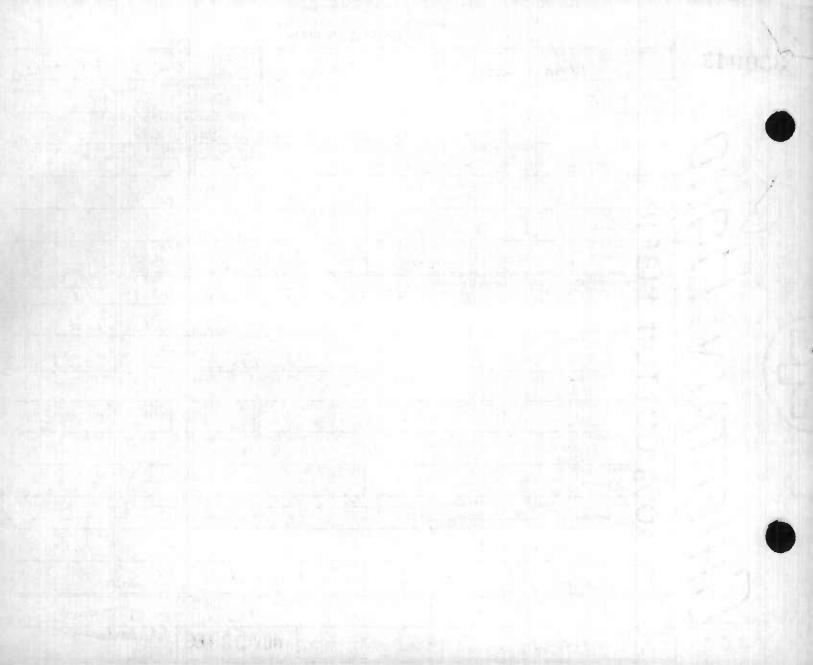
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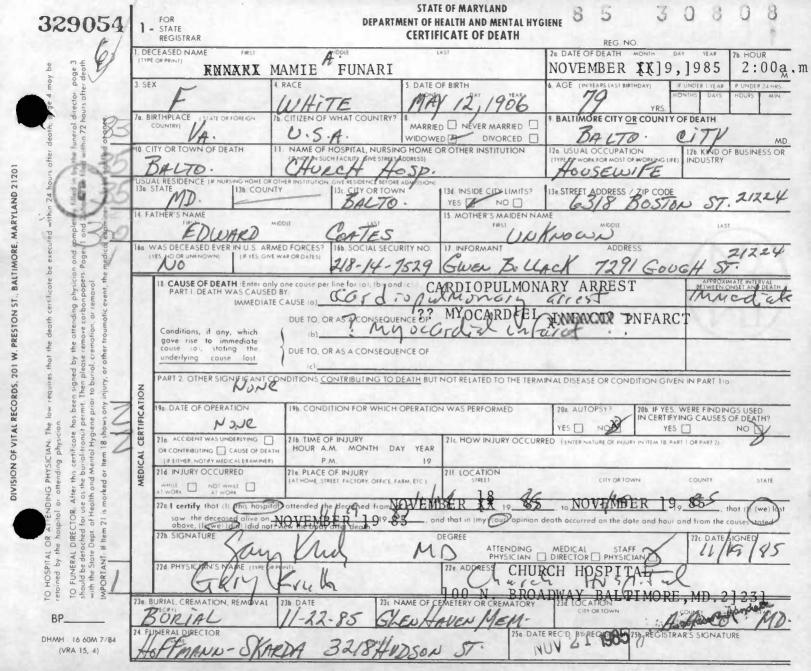
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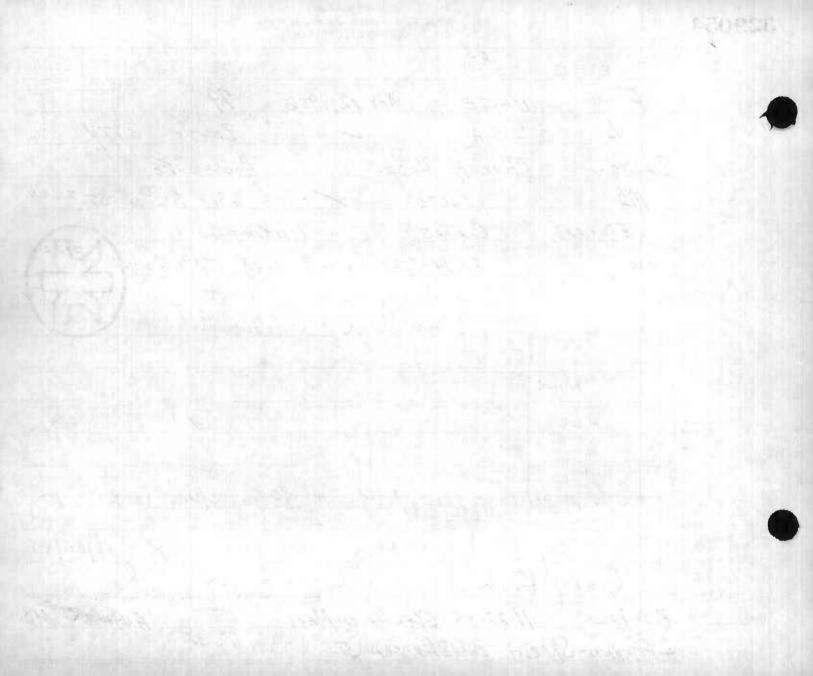
74 FUNERAL DIRECTOR
William C. March F/H West 4300 Wabash Avenue



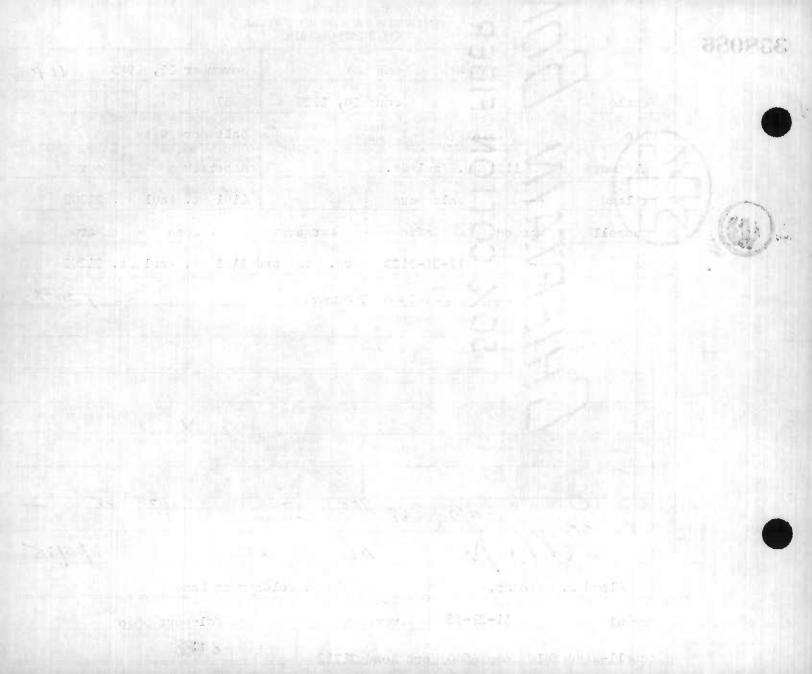
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₽ ₽ ₽ ₹ \$ ≦ —	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OF	L			Maryland
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Mitchell-Wiedefeld Home 6500 York Road 21212



Baltimore, Maryland

Leonard J. Ruck, Inc.

(VRA 15, 4)

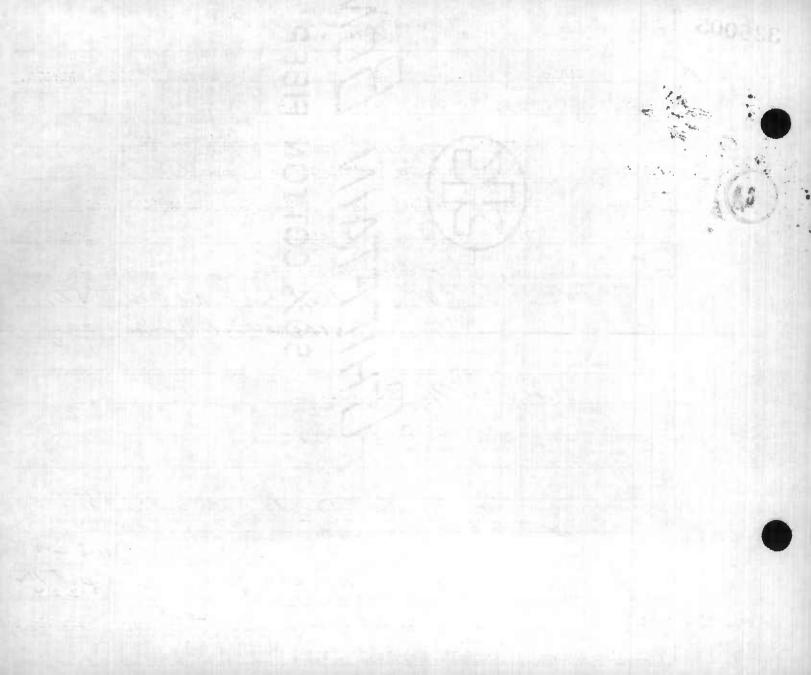
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by the high the by the	,	224 PHYSICIAN'S NAME LITTE OF	are MD	DEGREE ATTENDING PHYSICIAN [1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	11 - 24 - 85
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DHMH - 16 60M 7/B- (VRA 15, 4)	1 24	FUNERAL DIRECTOR G. DO 1621 Opossumto			te rec'd by registrar 25 registrar's C 3 1985	

3331 Brehms Lane, Balto. Md

DHMH - 16 60M 7/84 (VRA 15, 4)

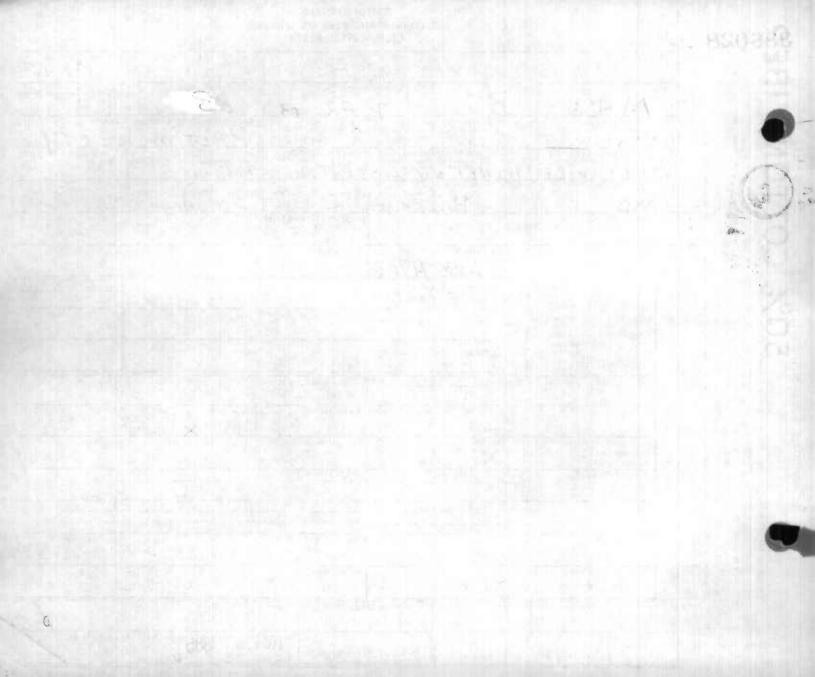
STATE OF MARYLAND 336005 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO PDECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR LIVPE OR PRINTS Sadie M. Gano November 21. 1985 4 RACE 5 DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHD'AY IF UNDER ! YEAR MONTH DAY YEAR Pemale White 78 10 1907 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland U.S.A. Baltimore City WIDOWED X 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore Francis Scott Key Medical Center Housewife SUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE SH COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Baltimore Dundalk YES [NO X 303 German Hill Road 21222 MEATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Daniel W. Anderson Fannie Jenkins ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 220-18-8243 Albert Howard Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and ic PART I. DEATH WAS CAUSED BY-26 IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [71n ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PAA 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased lig saw the deceased alive an , and that in (my) (aux) apinion death accurred an the date and hour and Iram the causes stated abave, (I) (we) (did) (did hat) view the bady after death. 226 SIGNATURE DEGREE ATTENDING PHYSICIAN POIRECTOR PHYSICIAN S NAME I TYPE OR PRINT! 22e ADDRESS NDSOR 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (SPECIFY) CITY OR TOWN Burial 11/23/1985 Mt. Zion Cemetery West Virgini Margan 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 25g. DATE REC'D. BY REGISTRAR 256. DHMH - 16 60M 7/84 (VRA 15, 4) Dundalk, Maryland 7922 Wise Avenue



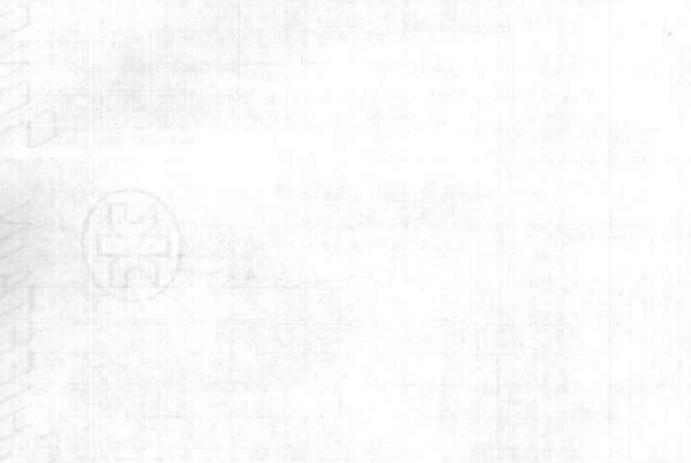
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE CERTIFICATE OF DEATH REGISTRAR RUTH W. GANZMANN REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH YEAR 2b HOUR GANZMANN 12:301 4 RACE 1 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS PEMALE WHITE O. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED U.S.A. New York Baltimore City DIVORCED | WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O. CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR St. Agnes Hospital TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE Own Home Baltimore SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Baltimore Catonsville 21228 NO X 227 Blakenev Road FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE S. Hall Morse James Gertrude 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 227 Blakeney Road Catonsville, MD. 21228 YES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 214-22-6134 No Faith Wightman APPROXIMATE INTERVAL BETWEEN ONSET AND DEATI 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION AUTOPSY' 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY WHILE NOT WHILE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 22a | certify that (IC(this hospital) attended the deceased from 10 / and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) Idid not view the body ofter death, DEGREE 22c DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME TTYPE COM St. Agnes Hospital, Baltimore, MD. David Jung M.D. 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE Loudon Park Mausoleum Baltimore Maryland Entombment 11/11/85

DHMH - 16 60M 7/84 (VRA 15, 4) 24 EUNERAL DIRECTOR Russell C. Witzkend Funeral Homes P. A 250 DATE REC'D. BY REGISTRAR'S SIGNATURE 1630 Edmondson Avenue, Catonsville, MD. 21228 NOV 1 2 1985

MARIE THEY I 2 1985 STEAMSON STREET



325148 1- STATE REGISTRAR AKA- Louise Elizabeth CERTIFICATE OF DEATH	REG. NO.
	F DEATH MONTH DAY YEAR 26 HOUR
Elizabeth Louise Garner 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (1)	11 12 82 13.12 W
3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (1	YEARS LAST BIRTHDAY) IF UNDER 1 YEAR OF UNDER 24 HRS
FEMALE WHITE 9 25 05	80 YRS
70. BIRTHPLACE (STATE ORFOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIM	DRE CITY OR COUNTY OF DEATH
Maryland U.S.A. WIDOWED DINORCED	altimore City MD.
	OCCUPATION 126 KIND OF BUSINESS OR
7 To Follow Manage Manage Manage Home	maker
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. STATE 130. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREE	ADDRESS / ZIP CODE
	Mac Tavish Ave. 21229
14 FATHER'S NAME EIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST	MIDDLE LAST
William Thompson Margaret	Fox
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
	3500 Mac Tavish Ave. 21229
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART I, DEATH WAS CAUSED BY: CAR DIO PULMONARY ARRES	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0) CARD(0 PU C MONATLY	1.
DUE TO, OR AS A CONSEQUENCE OF CONDITION WHICH	FAIL WOE
Conditions, if any, which	· MILORE
gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF	
to the position of the positio	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE.	SE OR CONDITION GIVEN IN PART 110
THE CARCINOMA KIDNET, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AL YES 210 ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 217, HOW INJURY OCCURRED (ENTER	
AES L	IN CERTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY HOUR AM MONTH DAY YEAR	0 0
CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK	
ZO ZIG INJURY OCCURRED 216 PLACE OF INJURY 211 LOCATION	CITY OR TOWN COUNTY STATE
WHILE NOT WHILE ALWORK ALWORK ALWORK ALWORK	CHYOM COMM
Q 0 4 0 E 270 L certify that (1) (this hospital) attended the deceased from	, 19, that (I) (we) last
saw the deceosed olive on 19 ond that in (my) (our) opinion death accordance of the control of t	ed on the date and hour and from the causes stated
DEGREE	22c. DATE SIGNED
ATTENDING MEDICAL PHYSICIAN DIRECTOR	STAFF PHYSICIAN
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 107 E SARATOG Dr. Julka	AST BALTIMOREM
Dr. Julka 107E SARATOG	A - 1. DILLIAME
230. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LO	ATION YORTOWN COUNTY STATE
	timore Maryland
DHMH - 16 60M 7/84 24 FUNERAL DIRECTOR ADDRESS 21229 250. DATE REC'D. B	REGISTRAR 256, REGISTRAR'S SIGNATURE
(VRA 15, 4) Hubbard Funeral Home, Inc. 4107 Wilkens Ave.	1985 Some Hardson Randese



8

Balto.

TYPE OR PRINT

SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

5. DATE OF BIRTH

700

13d INSIDE CITY LIMITS?

NO [

15 MOTHER'S MAIDEN NAME

FIRST

	REG. NO.					
	11/29/85	DAY	YEAR	26 HOL	45A	
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS		
	23 YRS.	MONTHS	DAYS	HOURS	MIN.	
15/2	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH			
K	City					

Md. III. CITY OR TOWN OF DEATH

Vada

MARRIED NEVER MARRIED U.SA. WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 5 Sunset Rd.

20 USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY Retail 5015 Sunset Rd.

L FATHER'S NAME FIRST

Male a. BIRTHPLACE ISTATE OF FOREIGN

> John Garrison, Jr.

Black.

76. CITIZEN OF WHAT COUNTRY?

4. RACE

Ann 166 SOCIAL SECURITY NO 17. INFORMANT

YES

Hawkins ADDRESS Ann Garrison 5015 Sinset Rd. 21215

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

(YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) no

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

82 18 CAUSE OF DEATH (Enter only one cause per line for Ia), (b), and Ic

A. Garrison

Someman 2 IMMEDIATE CAUSE (o).

487

MIDDLE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

19a DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

Balto

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART

	l
210 ACCIDENT WAS UNDERLYING	t
(IF EITHER NOTIFY MEDICAL EXAMINER)	l
21d INJURY OCCURRED	Ī
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

16. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

19

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

), and that in (my) (aur) opinian death accurred on the date and hour and fram the causes stated

280 AUTOPSY?

P.M. le PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE

211 LOCATION STREET

CITY OR TOWN

COUNTY STATE

. that (1) (we) last

NO I

sow the deceased alive on. 226 ST FT

22a I certify that (I) (this haspital) attended the deceased from

DEGREE

22e ADDRESS

MEDICAL ATTENDING PHYSICIAN PHYSICIAN

22c DATE SIGNED

22d PHYSICIAN'S NAME (TIPE 23a. BURIAL, CREMATION, REMOVAL

23b. DATE 12/3/85 23c. NAME OF CEMETERY OR CREMATORY Baltimore Cem.

23d. LOCATION Balltimore

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

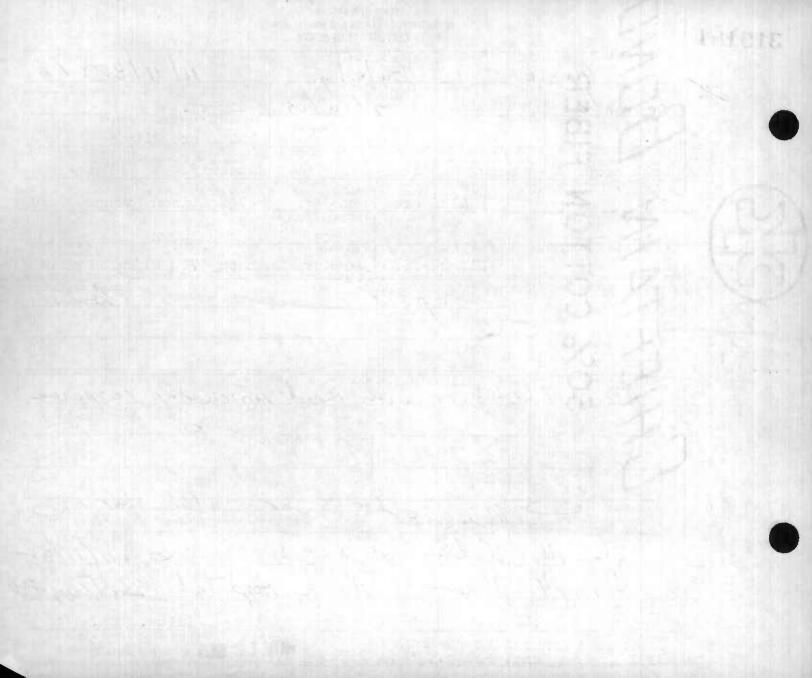
ld be deta the State

ORTANT

24 FUNERAL DIRECTOR

Burial

James A. Morton & Sons 1701 Laurens



illed in by the funeral director, page 3 ould be filed within 72 hours after death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- 1		REGISTRAR				CERTIF	ICATE OF D	EATH	REG. N	10.			
		CEASED NAME	FIRST	1	AIDDLE	L	AST		26 DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR	
			LLOYD		JOHN	_	GEMMELI	, SR.	11/13/	/85	TEST	2;	М
4	3 SEX		4	RACE		S. DATE C		YEAR	6. AGE (IN YEARS LAST BI		AONTHS DATE		A HRS
		MALE			WHITE	9	5	21	64	YRS			
4		RTHPLACE (STATEOR)	FOREIGN 71	CITIZEN OF	WHAT COUNTRY	? 8. MARRIE	NEVER A	ARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
1		anada		U.S.		WIDOWE	D DN	ORCED		more Ci			MD.
7		TY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSI H FACILITY, GIVE STREE		OR OTHER INST	NOITUTI	120 USUAL OCCUPAT		E) INDUSTRY		
4		Baltimore			. Agnes		tal		Superviso	or	Davids	on He	mphi
A	13a. S	AL RESIDENCE (IF NURS TATE aryland	Balti	Υ	13c. CITY OR TO	WN	13d. INSIDE C	TY LIMITS?	13e.STREET ADDRESS 5720 Miner			21227	
2	II FA	THER'S NAME		DDIF	LAST			MAIDEN NAM		1.7			
ď		Laurenc		DDIE	Gemme 1	1		Minnie			ĮA:	Glidd	len
2		AS DECEASED EVER		ED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMA	NT	ADDR	ESS		3	
	1	NO	14 765, 0176	TAR OR DATES	043-18	-6021	Eva I	. Gemme	ell 5720 Mi	neral	Avenue	2122	.7
		18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b), o	nd (c).)		-1	00		APPROX BETWEEN	ONSET AND DE	AL EATH
		PART I. DEATH W	IMMEDIATE	CAUSE (a)	ETASTAT	ic Ca	rimina	1/ head	ef Canes	ucus			XX
				DUE TO, O	R AS A CONSEOL	JENCE OF							
		Conditions, if ony,		(b)_								- 7	
		cause (a), statin	ig the	DUE TO, OI	R AS A CONSEOU	JENCE OF							
				((c)									
	z	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CON	1DITION GIVE	EN IN PART I	O	
H	ATIC	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFO	RMED	200 AUTOPSY2	20b IF YES	, WERE FINDI	NGS USED	_
	CERTIFICATION								YES TO NOT		YING CAUSES	OF DE ATH	1?
7	CERI	21a ACCIDENT WAS UNI	DERLYING _	216. TIME O			21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU				
		OR CONTRIBUTING		HOUR A.	M. MONTH E	DAY YEAR							
	MEDICAL	214 INJURY OCCUR		21e PLACE	OF INJURY		21f. LOCATIO	N	CITY OR IC	200	COUNTY	STA	
	¥	WHILE NOT WE AT WORK	HILE	(AT HOME STR	EET FACTORY, OFFICE	FARM ETC)	STREET		CHACKIC	JWN	COONIT	21A	VIE.
		22s t certify that (I)	(this hospito			10/	20	, 19 86	to	1:3	19 8-	that (I) (we	e) lost
		saw the decease obove, (I) (we) (ed alive an_	view the body	ofter death.	81 , ar	nd that in (my)	(our) opinian d	leath occurred an the a	late and hour	and fram the	couses state	ed
		226. SIGNATURE	, (new me oddy	origin dearm.	, hele	DEGREE			-	22c. DATE	SIGNED	
	10	1//20	M			me.		TTENDING PHYSICIAN	MEDICAL STA		11/0	3/16	-
		22d PHYSICIAN'S N		PRINT			22e ADDRES						160
		(ORUB	ER				51 1301	185 40.	SP. 510 C.	when .	Are B	elfo.	my
		URIAL, CREMATION,	REMOVAL	23b. DATE	23с.	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION		COUNTY	ST4	ATE.
		Buria	1	11/16	/85	Meadow	ridge N	lem. Pk		e Hov		Maryla	ind
	24 FU	INERAL DIRECTOR			ADDRESS		1229		REC'D. BY REGISTRAF	25b. REGISTI	RAR'S SIGNAT	TURE	.00
	Hu	ubbard Fun	eral H	lome, I				nue	10 1 D 188;				LIISA.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pégés with the State Dept of Health and Mental Hygiene prior to buriol, cremation, ar removal.

IMPORTANT: If them 21 is marked at Item 18 shows ony injury, at other troumatic event, title medical.

ATTENDING PHYSICIAN: The

TO HOSPITAL

BP.

etoined by the hospital ar attending physician.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

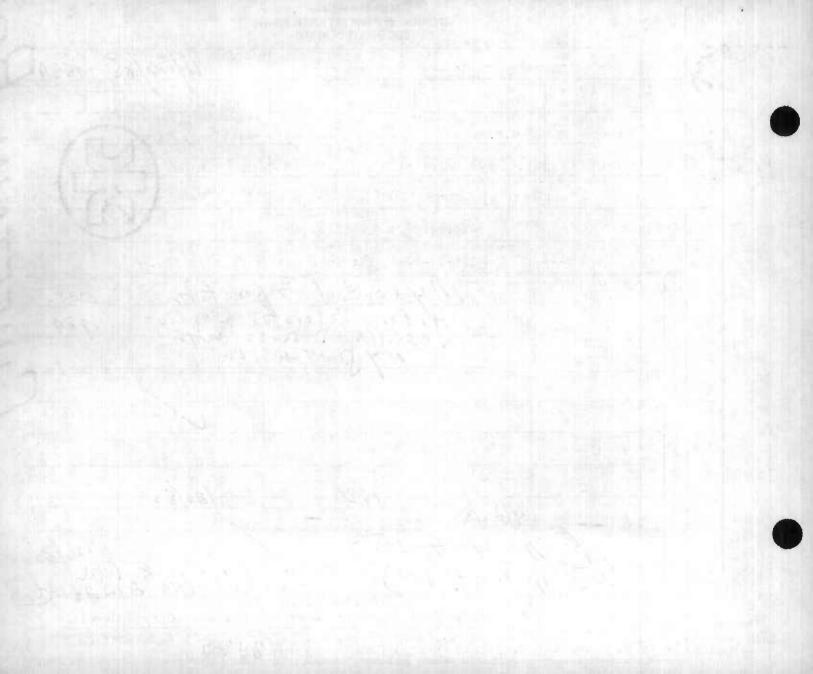
- STATE REGISTRAR REG NO DECEASED NAME LAST 20 DATE OF DEATH 2b. HOUR W. ELLSWORTH GEORGE 5 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BATHDAY) MONTH DAY Male White 18 1916 69 BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED New Jersev U.S.A. Baltimore City WIDOWED CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Baltimore St. Agnes Hospital Retired Telephone Installer C&P Comp. SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 215 N. Beechwood Ave. Catonsville Maryland Catonsville 13d INSIDE CITY LIMITS? Baltimore 11 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Stella Elmer George Hall WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT Virginia George Same as 13e. 216-14-1782 18 CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY DUE TO OR'AS Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 IF YES, WERE FINDINGS USED 20a AUTOPSY N CERTIFYING CAUSES OF DEATH? YES [NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MONTH DAY YEAR MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER PM 21e PLACE OF INJURY 21f LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET CITY OR TOWN COUNTY NOT WHILE 220 I certify that (1) (this haspital) attended the defeased from 0/2 sow the deceased alive on 4/6/85 above, (I) (mail (finit) (did not) view the body after death and that in imy learn opinion death accurred on the date and hour and from the couses stated 226. SIGNATUR ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 11/29/85

Burial

Good Shepherd Cemetery

Ellicott City

Leroy M. & Russell C. Witzke Funeral HOme 1529 1985



329043	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND BEALTH AND MENTAL ICATE OF DEATH	HYGIENE	5 REG. N	3	0 8	2.	
ther death		CEASED NAME OR PRINT)	gen.	1	N .	-	AST NAM DE BIRTH DAY YEAR	6 AGE	E OF DEATH	MONTH	19 87 IF UNDER 1 YEAR	26 HOUR 3 3 A M	
death. Page 4	76 B	Female RTHPLACE (STATE COUNTRY) Maryland		USA	what country?	07/2 8 MARRIE WIDOWE	7/98 D NEVER MARRIED D NORCED	9 BALT	more city of	YRS DR COUNTY	OF DEATH	MD	
The first with	130. STATE 13b_COL			. 11. NAME OF HOSPITAL, NURSING HO (IF NOT INSUCH FACILITY, GIVE STREET ADDRES N. Charles General OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIBLY OF TOWN		eral ADMISSION)	ral Hospital MISSION 13d INSIDE CITY LIMITS?		120. USDAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKEY 130. STREET ADDRESS / ZIP CODE				
7) %	14 F/	Md THER'S NAME FIRST Henry Ye		MIDDLE	Baltim	ore	YES XX NO 15 MOTHER'S MAIDEN FIRST Emma Sh	122: NNAME noemake:	2 W. 37	th St	reet 21	L211	
e be exertion and ers. Page	1	VAS DECEASED E VES. NO OR UNKNOWN NO 18 CAUSE OF D	(IF YES GIV	E WAR OR DATES)	Man . Smith	3445 M		Way	XIMATE INTERVAL NONSET AND DEATH				
that the death certific by the attending phy case remove corban pa 3), cremation, or remov r other traumatic event		Conditions, if gove rise to couse 101, s underlying co	ony, which immediate toting the	DUE TO, O	R AS A CONSEQUI		ma w/	le 1 f	Fls.	on			
he law requires thoon. hos been signed it permit. Then plea ene prior to burial, ows any injury, or a	CERTIFICATION	PART 2 OTHER S	Ticulo	sis w	recent	net	NOT RELATED TO THE	19:015	END M END M END M END M	206 IF YE	NOUS EN	tero estil	
PHYSICIAN The rending physicio This certificate is the buriol-tronsit and Mentol Hygie ed or item 18 sho	MEDICAL CER	21a. ACCIDENT WATER OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCC	CAUSE OF DEA	21e PLACE	M. MONTH DA	AY YEAR 19	21t LOCATION STREET	CURRED (ENT)	R MATURE OF INJU		COUNTY	STATE	
ATTENDING rospital or of tECTOR After ed for use as t pt of Health a		22a 1 certify the	t (1) (this hospit	tol) offended th	e deceosed from_ G19 ofter death		nd that in (my/(our) opi	to_	urred on the d	late and hou		, that (I' (we) lost e couses stated	
HOSPITAL ON the boined by the boined by the bound be detected to the birth the State Discount that the State Discount the State Discount the State Discount the State Discount		MAR		Irhiz	icia l	nu nu	ATTENDIN PHYSICIA 220 ADDRESS	MEDICAN DIRECT	OR PHYSI	CIAN .	4000	19/35	

236 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Burgee-Henss Funeral Home, 3631 Falls Road

11/21/85

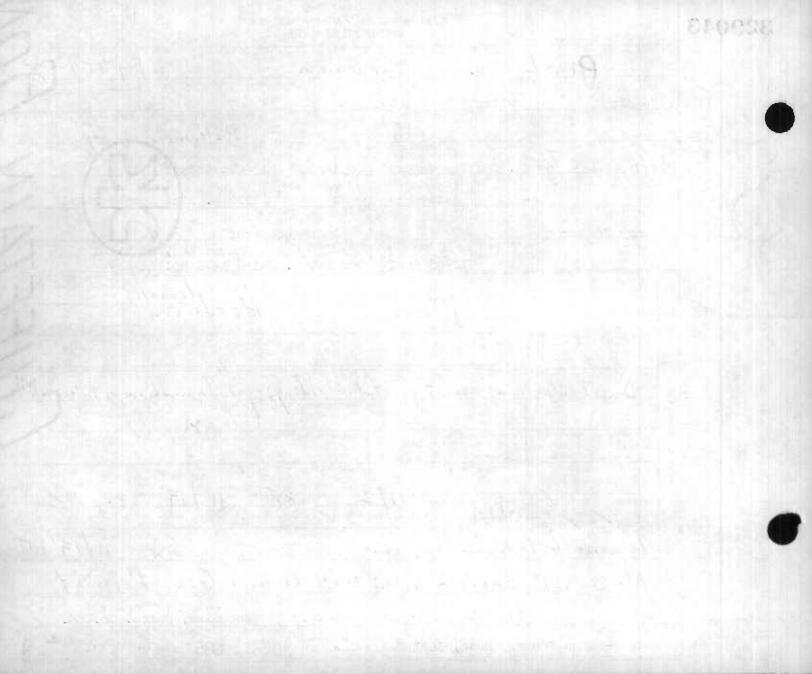
236 DATE

230 BURIAL, CREMATION, REMOVAL

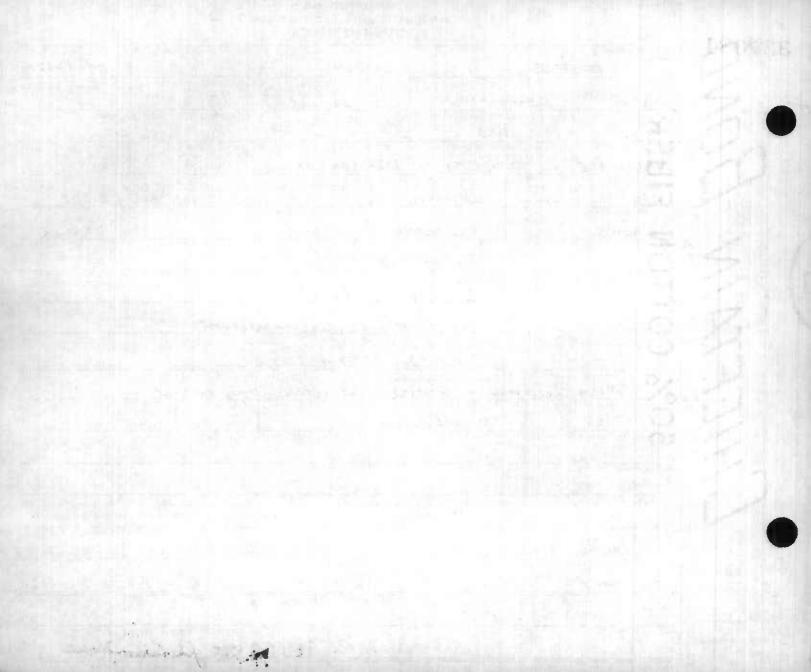
Burial

Woodlawn Cemetery Woodalwn, Balto. Co. Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 21211

234 LOCATION



002001	1.	FOR - STATE REGISTRAR	Di	EPARTMENT OF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 5	3	08	2 2
337084		CEASED NAME AUGUST	WIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
ny be oge 3 deoth	11.0		BIN W	61.	BBONS		11	18 85	12.32 PM
moy pod	3. SE	X	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	
s of s	1	MALE	CAUCASIAN	MONI 10	DAY YEAR	70	YRS	MONTHS DATS	HOURS MIN.
a pop so	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
10 36 25	1	MD.	USA	WIDOW		BALT	IMDRE	CITY	MD.
2 2 200	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPAT	10N	126. KIND (OF BUSINESS OR
10 to 10 0	1	BALTIMORE	UNIVERSITY		RYLAND HOSPITI				lto. Cty.
BALTIMORE, MARYLAND 2120 be executed within 24 hours on and completely filled in by s. Pages 1 and 2 seculd before it. The medical example important	130	AL RESIDENCE LIF NURS STATE AT HER'S NAME		DR TOWN NSVILLE	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS		A 1 A.	228
ARY with with day	17	FIRST		AST	15 MOTHER'S MAIDEN N	MIDDLE		LA	ist
X Pen de la	1160	ALAN WAS DECEASED EVER IN U.S. AR		BBONS ALSECURITY NO.	DAISEY	ADDR	Ecc	DA	ANNER
TIMORE on ond or s. Pages	1	YES NO OR UNKNOWN) UF YES GI		3-5833		rlotte Gibbo			
BAL	T	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE	FD RY	4.	C1 1		14.5	BETWEEN	XIMATE INTERVAL LONSET AND DEATH
IS (F A)	35		TE CAUSE (0) Car	diogenic	Shock				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN. The law requires that the department of tending physician. Item this certificate has been signed by the original than the burial-transit permit. Then please remained than and Mental Hygiene prior to burial, crematic hand mental Hygiene prior to burial, crematically and mental Bishows gan injury, or other traumotic every and them 18 shows gan injury, or other traumotic every mental and the province of the province	7		DUE TO, OR AS A COL	NSEQUENCE OF	1.01.	1			
e d e d e d e d e d e d e d e d e d e d		Conditions, if any, which gave rise to immediate	(b) <u>UCU</u>	te my	cardial m	faction			
W. W. Bot the service of the cream of the cr	8	cause (a), stating the underlying cause last	DUE TO, OR AS A COI	NSEQUENCE					
s the sed by please minal.		PART 2 OTHER SIGNIFICANT		mary a		eare.			
sign sign hen io bu	Z	MARIZ OTHER SIGNIFICANT	1		NOT RELATED TO THE TER	1	DITION GIV	VEN IN PART 1	10
Co vien	ATIC	190 DATE OF OPERATION		WHICH OPERATIO	N WAS PERFORMED	lung dise	20h JE YE	S, WERE FIND	INGS LISED
hos b	CERTIFICATION	11:7.85	manat	teliama		YES TO NOT	IN CERTI	FYING CAUSE	S OF DEATH?
VITA VITA VITA VITA VITA VITA VITA VITA	1 18	210 ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCU		1		140
SICIAN ng phy certific andi-tra		OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR					
ON HYSK ding ding his ce burned Men	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	19	211. LOCATION				
IVISING PHOTEN STAND	W	WHILE NOT WHILE THE	(ATHOME STREET FACTORY	OFFICE FARM ETC)	STREET	CITY OR TO)WN	COUNTY	STATE
Din or		220.1 certify that (1) (this hasp	ital) attended the deceased	from	1/12/ 1085	to /	1/181	10 85	that (l) (we) last
TEN TOR Or US		saw the deceased alive an	11/18/	0	nd that in (my) (our) opinion	n death occurred on the d	ate and how	and from the	causes stated
REC REC Pospt. Cept.	-	22h SIGNATURE	ot) view the bady after death).	DEGREE			22c. DATE	E SIGNED
the Direction of Head		Chandra Pse	skash Valami		ATTENDING PHYSICIAN	MEDICAL STA			
HOSPITA The Store of the Store ORTANT		274 PHYSICIAN'S NAME (TYPE C	OR PRINT)		77e ADDRESS	_ DIRECTOR _ TITISK	. TAIT QE	1	
O HOSPITAL		CHANDRA 1	P. BELANI		UMCC 22	S. green Stre	et B	ALTO .	MD-21201
Caraga	230	BURIAL, CREMATION, REMOVAL		230 NAME OF C	EMETERY OR CREMATORY	3d LOCATION		COUNTY	STATE
BP		Removal	11/25/85						
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	Af	DDRESS		TE REC'D. BY REGISTRAR	256. REGIST	RAR'S SIGNA	TURE
(VRA 15, 4)		Anatomy	Board	Balto.	, Md.	(12) 90915 4w	in their	spendflow	falls :



24 FUNERAL DIRECTOR Marshall W. Jones, Jr FH 4101 Edmondson Ave. 21229

236 DATE

11-20-85

23a BURIAL CREMATION, REMOVAL

Burial

Laurel, Howard Co., Md.

2b. HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

10 min.

Unemployed

Jones

COUNTY

22c. DATE SIGNED

IF UNDER I YEAR

3:10 P

IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15. 4)

BP

23c NAME OF CEMETERY OR CREMATORY

Maryland Nat. Mem. Pk

STATE OF MARYLAND

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begoing and				
LIRIS ova Bogwilla . A FUEL		Baldage		511240
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1919 ava boowlie & I'El Jo	Gladyw Gilber	180-78-418		08

Merchall V. Jones, Jr FH 4101 Ed conduct Ave 2122;

ABLYUS.

1	1.	FOR		DEPARTMEN	STATE OF MARYL T OF HEALTH AND		IENES 5	3	0 8	2
330116	1.	STATE REGISTRAR		C	ERTIFICATE OF	DEATH	REG. N	10.		
		CEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH		DAY YEAR	26. HOUR.
oy be	(172)	LOUIS	E G.		GILBERT	725		11/2	0/85	3-33 PM
a po	3. SE	x	4 RACE	5.	DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST B	RIHDAY	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
ge 4	193	FEMALE	WHIT	TE	4 4	14	71	YRS.	DATE DATE	MIN.
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Jeoth.	F	ennsylvania	U.S.A.	, w	IDOWED D	ONORCED	Baltim			MD.
The state of the s	10 C	TY OR TOWN OF DEATH	NAME OF HOSPITA			STITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST		12b. KIND C INDUSTRY	OF BUSINESS OR
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ded de		STATE -LIB COL		Y OR TOWN		CITY LIMITS?	13e STREET ADDRESS			
TE SE	_		timore Ar	butus	YES 🗌	NO X	1008 St.	Charle	s Avenu	je. 21229
plerely nd 2 sh	77	ATHER'S NAME	WIDOLE	LAST	IS. MOTHER	FIRST	WIDDIE		LAS	ST
ompile ond	4	Charles	But D CORCES TO CO	Earley		arrie	F.	FCC	Hawk	
ond s			IVE WAR OR DATES)	CIAL SECURITY					21229	
a ron	1	NO	11/5	5-03-41	12 J.J. Ru	ussell G	ilbert 100	8 St.		
rote ope ovol.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly ane couse per line far	101, 1b1, and 1c		.			BETWEEN	ONSET AND DEATH
requires that en signed by Then please in ta burial, a	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	UTING TO DEA	TH BUT NOT RELATE	ED TO THE TERM				
he law on. hos been prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OP	ERATION WAS PERF	ORMED	YES NO	IN CERTIF	S, WERE FINDING CAUSES	NGS USED S OF DEATH? NO []
4YSKCIAN: The ding physician by securiticate h burial-transit p Mental Hygier or frem 18 show		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MO		YEAR	INJURY OCCUR	ED (ENTER NATURE OF IN)	ury in Item 18 P	PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED	21st PLACE OF INJU		211. LOCAT	ION	CITY OR I	OWN	COUNTY	STATE
offen offen offen s the n ond rked o	2	WHILE NOT WHILE AT WORK	(AT NOME STREET, FACT	ORT, OFFICE, FARM						
VDING or off S. After use as the ealth a		220-1 certify that (1) (this has	pital) attended the decea	sed from		19	, ta		19,	that (I) (we) lost
R ATTEN hospital RECTOR: red for us ppt. of He		saw the deceased alive a above, (I) (we) (did) (did r	nat) view the bady after de	19	, and that in (my	y) (our) apinion	death occurred on the	date and hav	r and from the	causes stated
Pe		22b. SIGNATURE			DEGREE	ATTENIONIO	uspicii st		22c. DATE	SIGNED
TAL CAL CAL CAL CAL CAL CAL CAL CAL CAL C		James 2	1 aylor		M.D		MEDICAL STA		11/2	20/85
TO HOSPITAL Cretoined by the TO FUNERAL D should be deton with the State D IMPORTANT: If		JAM	ES E. TI	44 407	220 ADDRE	1	NES HO	591	TAL	
5 5 5 4 3 3	230	BURIAL, CREMATION, REMOVA	L 23b DATE	23¢ NAA	E OF CEMETERY OR	RCREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
BP		Burial	11/25/85	Lou	don Park (/ Baltimo			Mary land
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR		ADDRESS	21229	250. DAT	REC'D. BY REGISTRA	R 254 REGIST	Besiden	in the state of th
(VRA 15, 4)	I	Hubbard Funeral	Home, Inc.	4107 W	ilkens Ave	e. 140	4 4 4 1000	0		

Lifed in by the funeral director, page 3 ould be filed within 72 hours after death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burnal-transit permit. Then please remove carbon papers. Powith the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal. deoth PHYSICIAN: The othending physicion.

NDING

TO HOSPITAL

the hospital or

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

325042

folithed of once

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumotic event, the medical

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1	1	REGISTRAR					REG. NO).			
7		CEASED NAME FIRST	MIDDLE	t	AST	245 F 1	20 DATE OF DEATH	HINOM	DAY YEAR	2b. HOL	
T.	TITPE	MAC	12 W.	616	1850	10.	D. A. S. S. T. T.	11	18 85	11	M CC
	3. SE)		4 RACE	5. DATE C	F BIRTH		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER	24 HRS
		mare	2.011.00	MONTH	DAY	YEAR 2	82		MONTHS DAYS	HOURS	MIN,
	7a. BII	RTHPLACE (STATE OR FOREIGN	WHITE.	? 8	30	03.	9 BALTIMORE CITY O	YRS.	Y OF DEATH		
Y		COUNTRY	1.50	MARRIE	NEVER A		011-		- 3	-1.	
-	14 01	VA.	USA.	WIDOWE		ORCED	BALTIM	ORE	- 0/1	1	MD.
-	10. CI	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET 		R OTHER INST	ITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST O	F WORKING L		F BUSINE	ESS OR
-	6	SALTO.	423 HORN	IEL .	55.		IRON WO	RKEI	9		. 04
90		AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO		13d. INSIDE	TY HANTS?	130.STREET ADDRESS /	ZIP COF	ve .		
1	1	no -	BALTO		YES DE	NO 🗌	423 HOR			210	224
	14 FA	THER'S NAME		•	15. MOTHER'S	MAIDEN NAM	AE .				
P		FIRST // A72	A (a us a) LAST	18. KS		FIRST	112/HA)E	1.1 A) IAS		
-	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMA	NT C	ADDRE	SS			
		YES NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)			- N	14000 -			.1-	
		YES WI	WI 296-10	-4371	MAUR	JE /1	PRICIAL JA	- Y:	23 HOR		(3)
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for 101, 161, o	ind (c).)					BETWEEN	ONSET AND	
			TE CAUSE 10) CARDIO	GUL	HONB	ay.	ROBREST	5 (A) E	10	mI	N
		BARRIE VIEW	DUE TO, OR AS A CONSEQU	JENCE OF							
		Conditions, if any, which	(16) P. P. O	1 0	BOSTA	Te.			6	Mora	VTHE
		gave rise to immediate cause (a), stating the)					7			
		underlying couse lost.	DUE TO, OR AS A CONSECU	DENCE OF							
		DART O OTHER SICNIES AND	CONDITIONS CONTRIBUTING TO	DEATH BUY	NOT BELATED	TO THE TERM	NIAL DISEASE OR CONI	O LACITAC	DVENI BLIDADT 1		
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOI KELAIED	10 the lekmi	INAL DISEASE OR CON	JIIION GI	IVEIV IN PART TO	,	
-	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	HOPERATIO	NI MA A C DEDEC	DAVED	20a AUTOPSY?	20h IF YE	S, WERE FINDIN	ICS LISE	D
1	FIC.	198 DATE OF OPERATION	198. CONDITION FOR WHIC	II OPERATIO	N WAS PERFO	KWED		IN CERT	IFYING CAUSES	OF DEA	řH?
	RTI						YES NO		ES 🗌	NO []
5		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LICHE A MA MONITH I	DAY YEAR	21c. HOW IN	JURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)		
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	ATRI	19	14,100						
1	ED	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATIO	N	CITY OR TO	MN	COUNTY	-	STATE
	2	AT HORE AT HORE	(AT HOME, STREET, FACTORY, OFFICE	FARM ETC)	SINCE		CHIONIO				
			its) ottended the deceased from	100	SLOT	19.85	to Nev	18	10 67	that (h (we) Inst
		saw the deceased alive an	19		d that in (my)		leath accurred on the da	te and ha		, ,	
		above, (It (we) (distabilities no	t view the body gifter death.		DEGREE				22¢ DATE		
		THE SHOMENTON OF THE	001			TTENDING	MEDICAL STAF	F .	22C DATE	SIGNED	
		7 Toron	mll	V	NI)	PHYSICIAN [DIRECTOR PHYSIC				
		THE PHYSICIAN'S NAME OHEO	or read)		22e ADDRES	5	111.	1	1 1	0	
		G. +	rome		100	CV Ken	in 1771 Usi	17	tosp17	il.	
		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR (REMATORY	23d LOCATION				
	1	RIP PIRI	11-20-85 6	ARP	SON VE	T. EEN	OWINGS	mi	COUNTY		STATE DA
	24 Ft	UNERAL DIRECTOR	17. 200 10	MAI	S.	25a DATE		25b REGIS	TRAR'S SIGNAT		-U-
	2	NAME OF A POE	ADDRESS	701	3.	A MI	1017 1 0 m	· Har	LA WALLEY AS	* 7G.	L.F.
	VO	HIV MI. WEDE	RY SONS INC	· CH	ETTEN	-ST	DATE FINE	7,3200	AND THE REAL PROPERTY.	land Harry P.	A STATE OF THE PARTY OF THE PAR

A BUN TREATER entre little station The state of the s . The last death you BREEL HAR TO

	1					TE OF MARYLAND	0 5 3 0	3 2 1
	1	1	FOR STATE		DEPARTMENT OF	HEALTH AND MENTAL	HYGIENE 2	C
201120	•	-	REGISTRAR	ME	DICAL EXAMIN	ER'S CERTIFICATE	OF DEATH	
3831100	, h		EASED NAME FIRST		MIDDLE	IAST .	KEO. 140.	
0.0			OR PRINT)			1701	OF ESTI- XX	NTH DAY YEAR 26 HOUR
I. PLEASE INECTOR. UR FILES. THOURS			BE	YNY	1	GIORDANO, SR	DEATH MATED 11	-21-85 ₉
취은필요품	3	SEX	RACE	5. DATE OF BIRTH	6 AGE (IN YE	11 01102	R 24 HRS. 2c. DATE MON	ITH DAY YEAR 24 HOUR
STATIS		方	1. 4-6-	MONTH DAY	YEAR LAST BIRTHD.	. Months DATS HOURS	MIN PRONOUNCED DEAD 11	01 05 2.160
ECESSARY. NERAL DIN FOR YOU WITHIN 77		94	ile While	1-30-14		RS.		-21-85 ₉ 3:16A
SES IT A SES	25	7a. BII	CHPLACE (STATE OR	76 CITIZEN OF W	HAT COUNTRY?	MARRIED NEVER MARI	RIED 9 BALTIMORE CITY OR CO	UNTY OF DEATH
	70		61	1/1-	J. A.	WIDOWED DIVOR		ity
S S S S S S S S S S S S S S S S S S S		10. CI	Y OR TOWN OF DEATH	II NAME OF HO	SPITAL, NURSING HOME		120 USUAL OCCUPATION (TYPE OF WO	
SHOEL STATE	10			(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRESS)	., 0.4 0 11161 111011011	FOR MOST OF WORKING LIFE)	OR INDUSTRY
, MD. 21201 TH. IF ANY DELAY IS NI TI, 2, AND 3 TO THE FU M. 3. RETAIN PAGE 5. DP S. FOULD BE FILED. MALKEGORDS, 301 W			ltimore	611 Park	Avenue -	21201	Elesh	hodevce -
Separation of the separation o	5 /	JSUA 3a S1	RESIDENCE (IF IN NURSING HOME C		IVE RESIDENCE BEFORE ADMISSI			
ANY AND 3	5	20 21	ALE 136. COUN	11	134 SITY OR TOWN	13d INSIDE CITY HIMITS?	13e STREET ADDRESS	212 -
S. H. S. H.		14 5 4			1) Chimn		- Will Salah Clarke	, 2/20/
MD. MD. M. 3. W. 3	201	14. 1-6	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIL	DEN NAME	1 LAST
ORE, M.	N		trees Ti	as Inco	1	6 Dema		Yasia)
O DAY	7	10 y	AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURIT		ADDRESS ALL	100 1000
F F F S S S S	/	CALE	S. NO. OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		01.	To all sales	Mg. 2600
T., BALTIMORE, DURS AFTER DEA 1B. GIVE PAGES I NIT. PORM PORTINITY OF STATES I AND	/	_	-			Mackina	Nessh - 130) ado	moveer Ed.
. E ~ ≥ . · O			18 CAUSE OF DEATH (Enter on					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON ST., N 24 HOUR N ITEM 1B. ALONG W SIT PERMIT.	انيا		PART I DEATH WAS CAUSEI	BY:	Itiple stabi	wounds		DETITION OF AND DEATH
PRESTON ITHIN 24 F CIL IN ITEA JER ALON ANSIT PER	2		IMMEDIA		R AS A CONSEQUENCE			
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ZO Z	Z		lying cause last.	(0)				The second second
S PARTE	Ĕ		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT BELLIED TO THE TERM	INTERNAL DISCOUNTED TO CONTRACT OF THE PARTY		
RECORDS LD BE EXECTED IN THE EXECUTED	₹	7	The state of the s	CONTRIBUTING TO DIATI	BOT NOT KEENTED TO THE TERM	IMAC DISEASE OR CONDITION GIVEN IN P	ART I (0	
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WES SERVICES	E -	E .	210 EXTERNAL CAUSE WAS	216. TIME O	F INJURY	1216 HOW INTURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM TE PART 1 C	
O ZHERK	2		UNDERLYING TOR	39490A	MM 11 - 21 - 85 AF	subject stab	bed	ORPARI 2)
A NECTOR	Š	5	CONTRIBUTING CAUSE OF	DEATH P.A	۸. 19	3450000		
S CRITICATE SHOU RITING THE WORD " RED TO THE CHIE ES 3 SHOULD BE USE TO CHARATAKEN OF HE	8	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,	61 REEPark Ave	nue Baltimore, M	harland
DIN HIS C WRIT WRIT WARD	2	\$	WHILE NOT WHILE	X PTWT	iger room	PTEMERALK AVE	fine aparamillore, m	diuniana STATE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. VER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU. CATE, WRITING THE WORD, "PENDING". IN PENCIL. IN ITEM 1E FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG VOR. PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PENCINE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.	517		AT WORK AT WORK					
L EXAMINER: E CERTIFICATE DOUG BE FORM L DIRECTOR: H, WITH THE S:	9		220 I certify that I taak charg	e of the remains de	scribed obave, held on	Autopsy XX. Inspection	on . Inquiry . ond in m	y opinion
SC FILE	3		death resulted from: Natur	al couses	Accident . Su	cide , Hamicide X.	Undetermined monner .	
AE BEE	à l		NI	n	1		Orderermined monner,	
EXA DEPT CERT	\$		ACTUAL WALLS	200 12	. (M 11	TITLE (SPECIFY)		ATE 11-21-85
¥≅5 ≥ E	w'		SIGNATURE WWW.	100 NV	Myll _	Assistan		I1-21-00
NE SE	9/	-	EXAMINER'S NAME Mara	arita A	Korell, M.D.	111 Pe	nn Street	
₩ ₩₩₩	È 4		(TYPE OR PRINT)	a, , , , , , , , , , , , , , , , , , ,		ADDRESS		
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; PATER EDATH, WITH THE ST.	8	30.BL	RIAL, CREMATION, REMOVAL 2	3b DATE	23c NAME OF CEA	METERY OR CREMAJORY	23d LOCATION	
		YISI	NFC(FY)	11.22 101	7 7	. 7. 7. 1	CITY OR TOWN	COUNTY
07/84 BP		10	senation	11-72-128	1. latue	ew the shops	Charle Co	4. Co. Mg.
DHMH - 17		4 1	NERAL DIRECTOR	TADDRES	to M. 2122.	3 750. DATE	REC'D. BY REGISTRAR 256 REGISTRAR	'S SIGNATURE
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH DECEASED NAME 26 HOUR TYPE OR PRINT Maude Lisson Now more 3 SEX 4 RACE S. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY FUNDER I YEAR IF UNDER TAHRS 1898 30 87 Yrs. Caucasian Female TO BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Illinois WIDOWED DIVORCED T BALTIMORE C ITY U.S.A. O CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMORE UNION MEMORIAL HOSPITAL Housewife ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 13b COUNTY 130 STREET ADDRESS / ZIP CODE 3206 Abell Ave 13c CITY OR TOWN 21218 Baltimore Md. YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Unk. Elizabeth Stokley Vinson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 3206 Abell Ave. 266-16-2994 Freeman D. Glisson 21218 Balt. Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10 ub- aluchnon gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION mellitur 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM ETC 1 NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from WOV. 8 saw the deceased alive an VOV.
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DHMH - 16 60M 7/84 (VRA 15, 4)

Alan Seitz Funeral Home

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

Balt., Md.

Jerlemitser

11/11/85

23b. DATE

3818 Roland Ave. 21211

23¢ NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

Baltimore, Maryland

16050.

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6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

(VRA 15, 4)

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED NAME FIRST MIDDLE LAST 20

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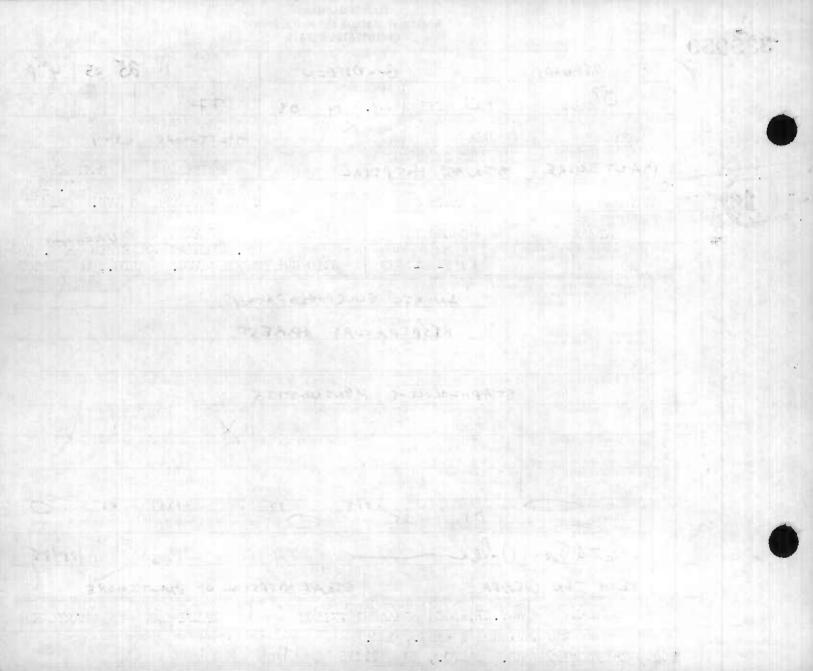
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DHMH - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR SOL		ADDRESS		215	DEC	REC'D. BY REGISTRAR	25b. REGIST	RAŖ'S SIGNAT	URE	



CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 7h HOUR TIME OF PRINTS GOOdWIY George SEX 4. RACE 5. DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS 28 YEAR black Ja BIRTHPLACE ESTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED WIDOWED X DIVORCED timore I CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 128 KIND OF BUSINESS OR MOST OF WORKING LIFE) INDUSTRY Himore USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 30 CITY OR TOWN 13e STREET_ADDRESS AZIP CODE 13d INSIDE CITY LIMITS? NO [resstman 1timere 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST AAIDDLE 1000 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17_INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for ro , (b , and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF ecubiti Conditions, if ony, which INTOUR gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED PARDAL IN CERTIFYING CAUSES OF DEATH? NO YES [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (THE WALL OF THE TEN IS PART 1 OF PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) P.M and Ment 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COLUMN TO STORY COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 WHILE NOT WHILE 220 I certify that (I) (This haspital) attended the deceased from saw the deceased alive an M20/36 abave, (1) (co tolid) (co po) view the bady/after death. ppinian death accurred an the date and have and from the causes stated and that in (my) DIREC ould be detached the State Dept 226. SIGNATURE DEGREE 22c DAVE SIGNED 1911 ATTENDING MEDICAL STAFF MO. PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22d PHYSICIAN'S NAM 22e ADDRESS 0 238 BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION Md^{TATE} 11/26/85 Catonsville Burial Westview Memorial Par 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 William C. March F/H 4300 Wabash Avenue

333061

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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BP DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FATHER'S NAME FIRST PCO	14	DDLE G	ray		15. MOTHER'S MAIDEN NA	AME	Lee	,	Parhai	NST .	
16	WAS DECEASED I			SOCIAL SECURI		Janke Ale	exand	ADDRE	2549		4//o	6
ā		immediate stating the couse lost	DUE TO, OR A	S A CONSEQUEN S A CONSEQUEN TRIBUTING TO DE	CE OF	mue defreeny	SYND	NTOL ASE OR CONI	DITION GI	8 M	unth	· _
MOLE A CHARGE	19a DATE OF OF	PERATION	196. CONDITIO	ON FOR WHICH O	PERATION	N WAS PERFORMED	200 AU YES	TOPSY?	IN CERT	S, WERE FIND IFYING CAUSE ES []		TH?
100	210. ACCIDENT WA	CAUSE OF DEATH	216. TIME OF IN HOUR A.M. P.M.	MONTH DAY	YEAR	21c HOW INJURY OCCU	RRED (ENTER	NATURE OF INJUI	RY IN ITEM 18	PART (OR PART 2)		
MEDICAL	21d. INJURY OC	OT WHILE	21e PLACE OF	INJURY FACTORY, OFFICE, FAR	M. ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY		STATE
		ceased of ye on well (this hospital keased of ye on well (thid) (and not). Eleville Me	4.	7 7		d that in (my lour) opinior DEGREE ATTENDING PHYSICIAN	MEDICA		F	ur ond from th	E SIGNED	toted
	10	'S NAME ITYPE ORP	NUSWY	mo		600 n Wilf	$4 \le 7$	- B.	Ho	mel z	120	5
23	BURIAL, CREMAT	1	236. DATE 12 2	85 23c NA	ME OF C	EMETERY OR CREMATORY	F	CATION HTY OR TOWN	l	COUNTY	rd.	STATE
24	FUNERAL DIRECTO	DR MAG		ADDRESS	2011		ATE REC'D. BY	REGISTRAR		TRAR'S SIGNA	TURE	4005



1. SEX

Maryland

O CITY OR TOWN OF DEATH

4 FATHER'S NAME

STATE OF MARYLAND - STATE CERTIFICATE OF DEATH REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 20 DATE OF DEATH 25 HOUR A AGE (IN YEARS LAST BIRTHDAY) 035 1920 Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED WIDOWEDIA 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Humbreloen. Housewife 21225 13c CITY OR TOWN 13e STREET ADDRESS, / ZIP CODE 13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME Maggie ADDRESS

Horace 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 4420 Walnut Rd. LIE YES GIVE WAR OR DATEST Baltimore, Md. 21227 James Greeley RETWEEN CONCET AND DEATH 18 CAUSE OF DEATH Enter only one cause per la far (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a 100 Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

saw the deceased olive on NOV 27 above the well (did) (and not view the bady after death. 226 SIGNAL

DEGREE

211 LOCATION

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

, and that in the Court apinian death occurred on the date and hour and from the causes stated

Baltimore

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOC

CITY OR TOWN

22c DATE SIGNED

COUNTY

(SPECIFY)

23b. DATE

11/25/85

216 TIME OF INJURY

P.M.

71e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET FACTORY OFFICE FARM ETC.)

23c. NAME OF CEMETERY OR CREMATORY

Handver 23d LOCATION

NO F

STATE

(VRA 15, 4)

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

71a ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

230 BURIAL, CREMATION, REMOVAL

Burial

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOI WHILE

Funeral Home

220 I certify that the this haspital) attended the deceased from NO

ADDRESS 3818 Roland Ave. Balt. Md.

Lorraine Park Cemetery

Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH	
LAST 2a	D

Q1		REGISTRAR				CERTII	ICAIL OI DEATH	REC	5. NO.		
7		EASED NAME	FIRST	. A	AIDOLE		ASI	20 DATE OF DEAT	H MONTH D	AY YEAR	26 HOUR
-1	TAPE	OR PRINT)	Sessie		Μ.	Gu	een		11-2	7-85	FINE
-					11.			1.105		-	16 CINDER 24 HIS
	3 SE>	- 1	4	RACE		S. DATE C		6. AGE (IN YEARS LA		ONTHS DAYS	HOURS MIN.
	1	temale		Neg			-13-24	6	YRS		
1		RTHPLACE (STATE OR	FOREIGN 76	CITIZENOF	WHAT COUN	TRY?	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
2		MO.		U.S.	A.	WIDOWE		Baltin	Love Cit	N	MD.
1	10 CI	TY OR TOWN OF DE	ATH I	I. NAME OF H	IOSPITAL, NU	IRSING HOME C	OR OTHER INSTITUTION	12a. USUAL OCCU			F BUSINESS OR
1	R	altimore	1	outh	Balt	MOTE (Sieneral Hosp	Rett		INDUSTRY	9 / 6
7/	USUA 13a S	L RESIDENCE IF NUM	The COUNT		134 CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRE	SE / 7ID CODE	X	1061
2		MD.	MAC			Burnie	YES NO	305	herry	Lane	1001
2.1	FA	THER'S NAME		DDLE	LAST		15. MOTHER'S MAIDEN NA				
0	/	Harris		DOLE	Ray		Margai	not MIDO	(E	Pal	20
S	16a W	AS DECEASED EVER	71	ED FORCES?		SECURITY NO	17 INFORMANT		DRESS	G	len
Z	14	FS NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	0191	22881	Roadell Gre	on 305 Ch	owwy I on		
			1		مرااا	4 4 0 0 I	Roadell Gle	en 303 cm	erry Lan		nie21061
		18 CAUSE OF DEAT	TH (Enter anly	ane cause per	line far (a), (b	and ici.				BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH V	IMMEDIATE		Can	dio-Pu	Umonary A	mest		1	
			IMMEDIATE								
-1		e tu		DUE TO, OF	AS A CONSI	EOUENCE OF	Lade storm	and this	N	1	
		Conditions, if any gove rise to im		(p)	SKAK	IECUI	onic Obst	ructive i	MANORO M	UZ	
П		couse (a), stati	ng the	DUE TO, OF	AS A CONSI	EQUENCE OF				1000	
		underlying coust	e last	((c)	Righ	it hun	a Abcess				
	11.0	PART 2 OTHER SIG	NIFICANT CO	NDITIONS CO			NOT RELATED TO THE TERM	AINAL DISEASE OR O	ONDITION GIVE	N IN PART)	
	Z	Annsa	1000	11	1	rinemic		ition. P			
	CERTIFICATION	19a DATE OF OPERA	TION	14460			N WAS PERFORMED	20g AUTOPSY?	M-EMIC	WERE FINDIN	ICC LISED
4	5	THE DATE OF CITER		I've CONO	HOIT OK THE	TICH OF EXAMO	TO WAS TERI ORMED	200 2010131	IN CERTIF	ING CAUSES	OF DEATH?
	RTI							YES NO			NO 🗌
1	E	210. ACCIDENT WAS UN		216. TIME OF		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 PA	RT : OR PART 2)	
	A	OR CONTRIBUTING		P.A		19					
	MEDICAL	21d INJURY OCCUR		21e PLACE C		17	211 LOCATION				
31	ME	WHILE NOT W				FICE, EARM, ETC.)	STREET	CITY	OR TOWN	COUNTY	STATE
		AT WORK AT WE	ORK -								
	17.1	22a.l certify that (I	(this haspital	i perforded the	He coned M	ons 2	9-23- 19 85	, ta	11-87-1	082	that (I) (we) last
	15.3	sow the decen- obove, if (war)	March Control	- 10	3	1983 on	id that in (my) (aur) apinian	death accurred an th	ne date and haur	and fram the	causes stated
	0.3	22h SIGNADINE	///	The state of the s	per oums		DEGREE			22c DATE	SIGNED
		1113	. 11	1.60	/		ATTENDING	_ MEDICAL	STAFF	110	20 5
1		11111111	71540	MU,	1			DIRECTOR PH	YSICIAN	11-3	1-87
	136	20 PHYSICIAN'S	AME (TYP) OR P	RINTI	7	1	22e ADDRESS		0		
		Dr. Alexa	ncher	Boade	scheu	USIGNI	13001 S. F	tanover	Stree	+	
	230 B	URIAL CREMATION		23b DATE	AND RESIDENCE TO SHAPE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	- 11 -		
	(Burial		12/3/			teran Cem.	CITY OR TOW	sville	Md.	STATE
		DULLUI		14/3/		riu. Ve	ceran dem.	CLOWII	SATTIE	rid.	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detached far use as the buwith the State Dept. of Mealth and M. MPORTANT: If them 21 is marked or TO FUNERAL DIRECTOR, After

24 FUNERAL DIRECTOR
Chas.A.Rice

FSPA 1300 Eutaw Place

DEC 4 1985

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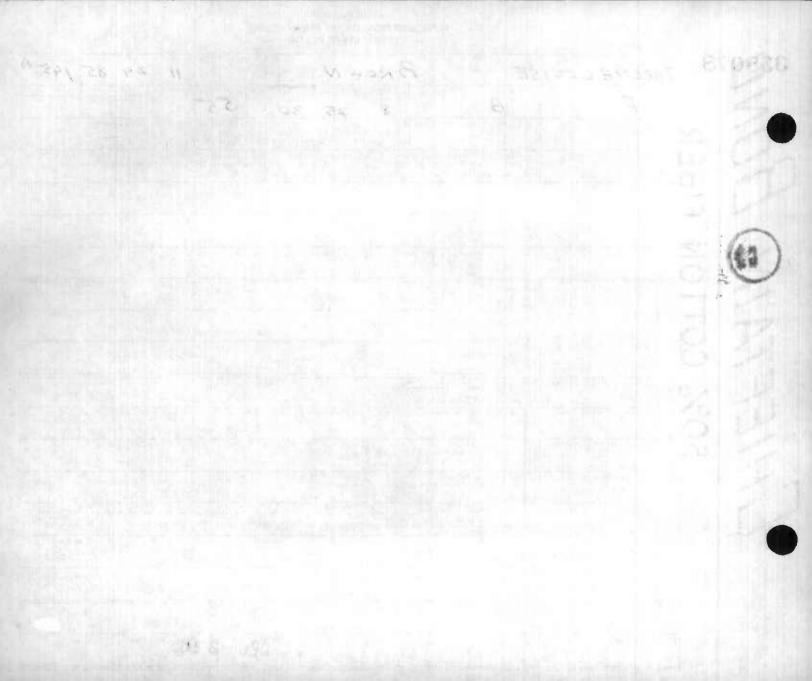
FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	STATE REGISTRAR		DEPARIMEI		ICATE OF D	EATH		, NO				
		CEASED NAME FIRST	SE 1	E P	PRO	AST N	GREEN	20 DATE OF DEATH	H MONTH	2 9	YEAR 85	26 HOUR	A
	3 SE)	F	1 RACE	A> 5	DATE C		YEAR 30	6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS	RIYEAR	IF UNDER 24 HR	_
0		RTHPLACE (5 ATE OR FOREIGN COUNTRY)	16 CITIZEN OF W	v	VIDOWE		ORCED [9 BALTIMORE CIT	4	UT OF DE	ATH	٨	AD.
6	В	altimore	(IF NOT IN SUCH F	SPITAL, NURSING	ORESS)	or other insti	TUTION	120 USUAL OCCUP	ATION 51 OF WORKING	GLIFE) 126 IND	KINDO	BUSINESS	R
E	*13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUN	JTY II	ve residence before ad Be city or town Baltimore		13d INSIDE CI	NO 🗌	130.STREET ADDRES			Ave.	21217	
0		Zino	MIDDLE	Brown			e l ma	WIDDI	DRESS		Per	kin	
		NAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV NO	E WAR OR DATES)	56 SOCIAL SECURIT 074-44-74		Geral		rrish 60					
-		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per lir D BY: 'E CAUSE (a)	CARD		e Ar	erFs	7			APPROXIMETWEEN O	NATE INTERVAL NSET AND DEAT	_
		Conditions, if any, which gave rise to immediate cause to stating the underlying cause lost		AS A CONSEQUENC				AL INF					
0	VION	PART 2 OTHER SIGNIFICANT OF CENTER 190 DATE OF OPERATION	RNO VAS		AC	U DE	がてい	INAL DISEASE OR CO	En T	ENS	210.	V	
7	CERTIFICATION	2)a ACCIDENT WAS UNDERLYING			EKATIO			YES NO	INCER	YES	CAUSES	OF DEATH?	
1	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	MONTH DAY	YEAR 19		Na.	RED (ENTER NATURE OF	NJURY IN ITEM I	18 PARTIOR	PART 2)		
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		FACTORY, OFFICE FARM	ETCI	21f LOCATIO	N	CITYO	RIOWN	(0	UNTY	STATE	
		22a.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no	11 /	29 19 8			our) opinion o	death accurred on the	e date and h		rom the c		st
		Soutacher	WI	areta	u	DEGREE AT P 122e ADDRESS	TENDING HYSICIAN	MEDICAL S DIRECTOR PHY	TAFF	11/	DATE S	11.0	
1	22 5	AMBACHEL	U W	ORGII	1	647		and Hosi	1774	c, B,	40	10, W	11
	(Burial, CREMATION, REMOVAL (SPECIFY) Burial	12/5/8			Cemeter ORC	·y	23d LOCATION CITY OF TOWN Baltimo	re.	COUN	4.	MG	
	Wm	JNERAL DIRECTOR March F/H	Inc 1	101 F No	rth	AVA	250 DATE	PEC BY SE	135 REG	ISTRAR'S	SIGNATU		

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND



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34	5020		STATE REGISTRAR								CERTIFIC		F DEA	TH	000 11			Ţ.
1	. 0.00		CEASED NAME		FIRST			MIDDLE			LAST	DATE O	T	2a DATE KN	REG. NO		DAY YEAR	Zb HOUR
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/	EAS TOR TOR SUR REET	3 SEX		4 RACE	illian	DATE OF		ean	I AGE (IN Y		eene	IF UNDER	24 HRS	2c. DATE	AILU E	HINOM	/30/1985 DAY YEAR	19th HOLE
_	JR F					MONTH	DAY	YEAR	LAST BIRTHO	MON (YA	THS DAYS	HOURS		PRONOUNCE	D		1201 05	18:30
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	SER SER	FO	REIGN COUNTRY)		ľ				INT?		RIED NE		IED L		-	_		
	IS NECESSARY, PEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. E) WITHIN 72 HOURS I W. PRESTON STREET,		l'enness				J.S.A		BCINIC HOM		MED L	DIVORC		Balti			Y,	ME
	A SEED STREET	10. C			"	(IF NOT II	N SUCH FAC	BITY, GIVES	TREET ADDRESS)		HER INSTITU	IION	FOR A	AOST OF WORKING	G LIFE)		OR INDUS	TRY
	F ANY DELAY IS N AND 3 TO THE FL RETAIN PAGE 5 HOULD BE FILED, RECORDS, 201 W	LASITA	Balti		ING HOME OR				Hospit		2	-] nea	vy equi	1p. (op.	constru	ction
21201	NY INTERIOR	13a S	TATE		B COUNTY		BIJON, GIVI	13c. CITY	ORTOWN		134. INSIDE C	-	13e. STRE	ET ADDRESS				
. 21	A A A A A A A A A A A A A A A A A A A		Md.				ppolitic in	Ba	ltimor	e	YES 🔀	NO 🗆	_	2 Maud]	lin A	Ave.	21230	
. 8	A 2 32.	14. FA	THER'S NAME			MIDDLE			LAST		15 MOTHE	R'S MAIDE	EN NAME	MIDDL	Æ		LAST	
1	AR STATO		Enoch			D.		Gre			Ma			0.			Kimery	
4	P 3 8	16a V	AS DECEASE	WN) (I	IF YES, GIVE W	AR OR DATES)	S?		CIAL SECURI		17 INFORA		2	802 Mai	idli	n Ave	nue	
3	A STANS	1	yes		Kore				- 94 - 48	12	Rose	Yarb	or B	altimor	ce, 1	Md. 2	1230	
1	18 . W		IR CAUSE O	F DEATH	(Enter only S CAUSED I	ane cause	per line f	ar (a), (b									APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
N	IIN 24 HO IN ITEM I R ALONG ISIT PERM HYGIENE	>	214		MMEDIATE	CAUSE (a					iple I	njuri	es					
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3	- ニ ミーフ へ		cause (a) lying cau		he <u>under</u> -	DUE	TO, OR A	S A CON	SEQUENCE	OF								
. 201	SEA IN					(c)											
RECORDS	VUID BE EXECUTED "PENDING" IN PE EF MEDICAL EXAN SED AS A BURIAL- HEALTH AND ME AL, CREMATION, G	NO	PART 2 DTHER SI	GNIFICANT C	ONDITIONS CO	NTRIBUTING 1	TO DEATH BI	JT NOT RELA	NTEO TO THE TER	AINAL DISEA	SE DR CONDITIO	N GIVEN IN PA	R1 1 (a)					-
	CERTIFICATE SHOULD SITING THE WORD "PE DED TO THE CHIEF M E 3 SHOULD BE USED A E DEPARTMENT OF HELE OF PRIOR TO BURIAL, O	MEDICAL CERTIFICATION	19a. DATE OF	OPERATI	ION	19b.	CONDITI	ON FOR	WHICH OPE	RATION	WAS PERFOR	MED?					20 AUTOPS	1?
OF VITAL	WORD "PE WORD "PE WORD "PE WORD OF WORD OF WOR	Ē								11/							YES X	NO 🗌
O. P.	AEN SEN SEN SEN SEN SEN SEN SEN SEN SEN S	3	21a EXTERNA				TIME OF		DAY YEA	R				IATURE OF INJURY				12.9
N O	SETOTA	3	UNDERLYING			ATH 8:	00p.m.	11/	30/ 198	5 s	-	pede	stri	an stru	ack k	by au	ito	
DIVISION	DEP JSF	9	214 INJURY C	CCURRE	D		PLACE O		(AT HOME,	21f. LC	STREET			CITY OR TOWN		co	HINTY	STATE
0	E, WRIT EWARDE EWARDE E PAGE STATE D STATE	2	AT WORK	NOT W	RK X		S	tree	t	Mo:	nroe S	t., s	outh	of Eac	gle,E	Balto	. City,	Md.
			22a. I certi	y that I to	ook charge	of the rem	oins desc	ribed abo	ve. held an	Auto	psy X	Inspectio	n .	Inquiry] on	d in my a	Pinian	
-	として で 下が	12.	death results	'	Natural	1/25	_	Accident		oicide [1	ide .		ermined manne			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	EXAMI CERTIF JUD BE DIREC WITH WARYL					9-1	22				TITLE (S			1				
	MATH, A		ACTUAL SIGNATURE		X	D			1	,			t MEDI	CAL EXAMINE	FD °	DATE	12/1	/85
	ORE STATE									,			- 110	CAL EXAMINA	LK	31014		
	EXECUTE PAGE 4 S TO FUNEI AFTER DE BALTIMOS	-	EXAMINER'S (TYPE OR PRI		Grego	ory R	R. Ka	uffm	an, M.	Ď.	_ADDRESS	• 11	l Per	nn St.			36	
	TO MEDICAL EXAMEDICAL EXECUTE THE CERTIFEMENT DIRECTOR OF TO FUNERAL DIRECTOR OF THE DEATH, WITH BALTIMORE, MARY	23a B	JRIAL, CREMA	TION, REA	MOVAL 23b	DATE		23c. 1	NAME OF CE	METERY	OR CREMATO	ORY	23d LO	CATION		COU	NTY	TATE
07/84	BP		remo			12/05	5/85		Shall of	Cem	etery	11/1		eenevi]	lle	-		Tn.
25M	DHMH - 17		JNERAL DIRECT				ADMES!	410	Wilke	ens A	ve.	250. DATE	0 -	REGISTRAR				ande .
	(VR A15 ME (5))	H	ubbard	Fune:	ral H	ome,	INC.	Balt	imore	, Md.	2122	DE	6 e	1985	1 .=	# 12 12 12 12 12 12 12 12 12 12 12 12 12	عُمَّا بَتُنَا إِنْ مِنْكُ	
		-																

319068	1-	FOR STATE REGISTRAR	DEPA	TMENT OF HEALTH CERTIFICATE	AND MENTAL HYG	REG. N	3 0 0 o.	4 5
oy be noge 3 death	(TYPE	EASED NAME FIRST ELM		Greenu		1	11/9/8	5 650 PM
age 4 maj	3 SE)	MALE	4 RACE CWRITE	5. DATE OF BIRTH	Y ZO	6 AGE (IN YEARS LAST BIR		DAYS HOURS MIN.
death. P	N	RTHPLACE ISTATE OR FOREIGN OUNTRY) IARYLAND TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTR USA 11. NAME OF HOSPITAL, NUR	WIDOWED [DIVORCED D	CL +	of Bal	MD. ND OF BUSINESS OR
by the effield with	1	Bald City	CHENOT IN SUCH FACILITY CIVE STR	PITPLY &	self	OWNER	OF WORKING LIFE) INDUS WHI	OLESALE DESALE
filled bodd b	13a S	TATE ITSE/COU	alt Ba	~ 4	SIDE CITY LIMITS? NOTE THER'S MAIDEN NA	130 STREET ADDRESS	rists Ave	21209
) 160 V	BENJAMIN	GREENW		REBECCA	S. ROSE GREE		ATT
Ers. P. P.	K	(IF YES, GI	ve war or dates) 217-8	0-0435	2318 SMIT		ALTO., MD	21209 PPROXIMATE INTERVAL MEEN ONSET AND DEATH
N ST., BA		PART I. DEATH WAS CAUSI	TE CAUSE 10) CARI	siac an	rest.		BE 1 V	VEEN ONSE! AND DEATH
W. PRESTON of the death c y the attendir cremation, ar		Conditions, if any, which gave rise to immediate cause (a), stating the) (0)	WAR CO	elapse /	SHOCK		
201 es three plea plea wrial,		underlying cause lost.	DUE TO, OR AS A CONSECUTION (c) CONDITIONS CONTRIBUTING 1	FECTION.	LATED TO THE TERM	S MINAL DISEASE OR CON	IDITION GIVEN IN PA	RT 11a
DIVISION OF VITAL RECORDS, NG PHYSICIAN The low requir offer this certificate has been signs the buricl-tronsit permit. They though Amental Hygiene prior to be onked or them 18 shows any injury orked or them 18 shows any injury	CERTIFICATION	Ceronay 190 DATE OF OPERATION	Arty Disease			YES NO	200 ABS 200 IF YES, WERE FI IN CERTIFYING CALL YES []	USES OF DEATH?
SICIAN T ng physici certificate urial-transi tental Hygi them 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH P.M.	DAY YEAR		RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PAR	rt 2)
	WED	ZIG INJURY OCCURRED WHILE NOT WHILE ALL WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	E, FARM, ETC)	OCATION STREET	CITY OR IC	OWN COUNT	STATE
hospital or hospital or hed for use fight, of Hear I is men 21 is			ital) attended the deceased from			death occurred on the d		n the causes stated DATE SIGNED
the other Tr. # H		AURCUS TO THE SICIAN'S NAME (TYPE	B. Mal	a my	ATTENDING PHYSICIAN [MEDICAL STA	FF	1/9/85
TO HOSPIT TO FUNER TO FUNE TO FUNE THOSE THE	23a F	LAURENC BURIAL, CREMATION, REMOVAL		K NAME OF CEMETE	DIYA CA	1234 LOCATION	w pleur	7 Balamo
BP		SPECIEY) BURIAL	NOV.11,1985 N	IOSES MONTE	FIORE WOO	DMOOR BAL	TIMORE COUNTY	MARYLAND
DHMH - 16 50M 4/83 (VRA 15, 4)			WN RD. BALTO.,			1 3 1985 3	La Davidour	Renter

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LAND 21201 iii 24hourseller death rege a may villed heigh funeral director, porthauld be lided with 72 hours after de must be haided an american	3. SET ALE 70. BIRTHPLACE (STATE OR FOREX 10. CITY OR TOWN OF DEATH CALL MRC USUAL RESIDENCE (IF NURSING M 13. STATE 13. STATE
ALTIMORE MARYI te be executed with scall and completel pric. Page 1 and 2 is of the medical endmine	14 FATHER'S NAME 160. WAS DECEASED EVER IN U (YEAR OF UNKNOWN) 18 CAUSE OF DEATH (EX
DIVISION OF VITAL RECORDS, 201 W PRESTON ST. 86 O HOSPITAL OR ATTENDING PHYSICIAN: The importance that the death certificate by the hospital or aftending physician. O FUNERAL DIRECTOR, After this certificate has been ingreed by the annual or physician should be detached for use as the buriof trongst permit. Their please employed by the bird of Memorial Hygiene prior is buriof certification or remove with the State Dept of Health and Memorial Hygiene prior is buriof certification.	PART I. DEATH WAS ON IMM Canditions, if any, who gave rise to immedic cause ital, stating underlying cause lot of the part 2. OTHER SIGNIFIC OR CONTRIBUTING CAUSE (IFEITHER NOTIFY MEDICAL EXPORT OF THE PART OF
O HOSPITAL OR ATTEN etained by the hospital TO FUNERAL DIRECTOR hould be detached for unwith the State Dept of He With the State Dept of He	Magle Maghysigan's NAME Angel

345026	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE PREG. NO	5 U G 4 4
deogh y		CEASED NAME FIRST GEORGE	J	GREGORY	20 DATE OF DEATH	11 27 85 26 HOUR 10:50P _M
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th certifica ding phy corbonipol or removal	1	PART I. DEATH WAS CAUSED B IMMEDIATE C	Y Hump	calcomia	0	
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equires the spanned Then plan in the buring sequency, or	NO	PART 2 OTHER SIGNIFICANT CON		DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	DITION GIVEN IN PART I (a
The Con.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{\bar} \) NO \(\text{\bar} \)
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by the ERAL DI the e defoct State Dann: If I		Magle & Magle &	Cosh.	ATTENDING PHYSICIAN [MEDICAL STAF	F _ 11/2 = 61
TO HOSPIT retained by TO FUNER should be Siron IMPORTAN	230	Angela	C. Consie	VAMC, Baltin	234 LOCATION	1.1
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(VRA 15, 4)	上	edd tunecal	Tome 5200	MURKICA DEL	ते थिल "	

MORE, MARYLAND 21201	second and a state of the second of the seco	one and the filled in by the filled in the 22 haus ofter death
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	IDING PHYSICIAN: The law requires that the year continue be seemed with a 24 hours after death. Page 4 may be or offending physician.	After this certificate has been signed by the wend no purious and a model filled in by the first of page 3 as as the burial-transit permit. Then please removement a permit and a hould be filed within 22 hours after death both many Mental Hygiene prior to burial, cremation or mental many filled within 22 hours after death.

		STATE REGISTRAR	DEP		ICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOU
	{ I YPE	Doro	thy	Grein	1	11-3-1985	
17%	3 SE)	(4 RACE	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER
18		Female	White	5-2	23-1902	83 YRS	NIHS DAYS HOURS
25		RTHPLACE I STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	F DEATH
2		Md.	U.S.A.	WIDOWI	D DNORCED	Balto. City	
20	10 CI	Balto.	11. NAME OF HOSPITAL, NI LIENOTIN SUCH FACILITY, GIVE 3107 Kenyon	URSING HOME (STREET ADDRESS) AVE.	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Never Worked	12b. KIND OF BUSINE INDUSTRY
5	USUA 130. S	AL RESIDENCE (IF NURSING HOME OF TATE 136. COL		BEFORE ADMISSION) TOWN O •	134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 3107 Kenyon Ave.	21213
	II FA	THER'S NAME	MIDDLE LAS		15. MOTHER'S MAIDEN NA	ME	3-2-11
0	24	Frederick	Grei		Agnes	MIDDLE F1	rost
	160 V	AS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS	
	- (1	NO (IF YES, G	220-5	6-9731	Agnes Brambl	e, Same as 13e	
		18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b , and (c).	,		APPROXIMATE INTER
		PART I. DEATH WAS CAUS	ATE CAUSE (a) CASUL	VUMA B	reast		Lyeur
		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONS		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART 110
	7	Trans 2 Grien Storm text 1					
7	TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206, IF YES, V IN CERTIFYIN YES NO YES	VERE FINDINGS USED NG CAUSES OF DEAT
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9	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR		YES NO YES	VERE FINDINGS USEI NG CAUSES OF DEAT NO [
79		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22e. I certify that (Inthis has sow the deceased alive a obove, (In) well (did) (find good open).	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	1 DAY YEAR 19 FFICE FARM, ETC.)	21c HOW INJURY OCCUR! 21f LOCATION STREET 2 19 77 nd that in (mg) (our) opinion	YES NO YES RED (ENTER NATURE OF INJURY IN ITEM IB PART	VERE FINDINGS USED OF CAUSES OF DEAT NO COUNTY S
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DIVISIO	ING PHYSICIAN, The	
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FOR STATE REGISTRAR DEPA

STATE OF MARYLAND

RTMENT OF HEALTH AND MENTAL HYGIENE	-	
CERTIFICATE OF DEATH		REG. NO.

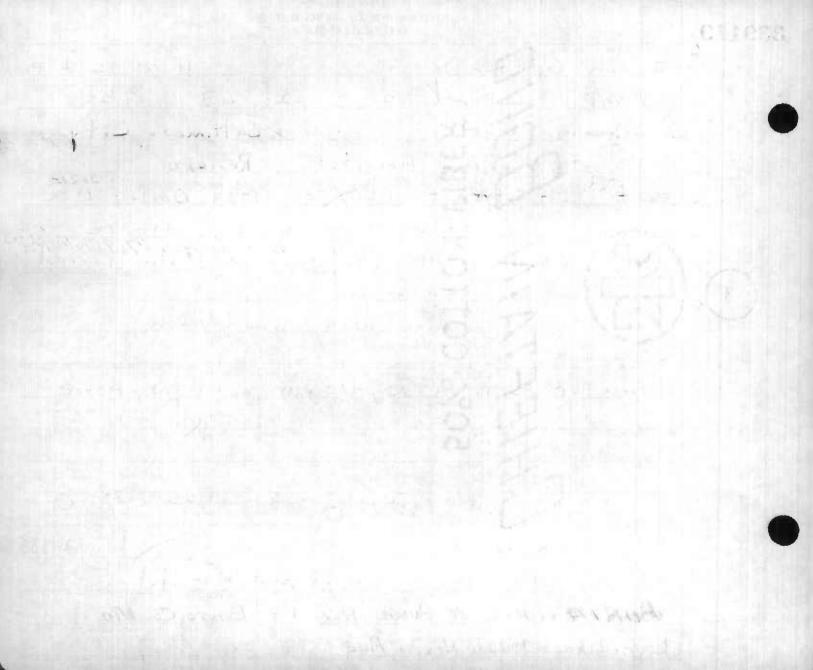
-							REG. N	10.					
1	DECEASED NAME FIRST		MIDDLE	ı	AST		2a. DATE OF DEATH	MONTH	DAY Y	Y YEAR 26 HOUR			
L	HENRY			GRIFF	IN		No. of the last	11	03 85	85 8:58A M			
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ı	Male	В	lack	ZONTH	25	20	6	DAYS	HOURS	MIN.			
7	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CITY	OR COUN		TH			
1	Maryland	U	. S. A.	WIDOWE	D NEVER M	ORCED	BALTIMORE	CT	ידי			AAD	
	O CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN				12a USUAL OCCUPAT			IND OI	F BUSINE	MD. ESS OR	
	Baltimore	VAMC, I		ET ADDRESS) [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY E MARYLAND									
	SSUAL RESIDENCE IN NURSING HOME OF 136 STATE Maryland	OTHER INSTITUTION	Baltimor	V	136 INSIDE CI	TY LIMITS?	13e STREET ADDRESS 1811 Pres	/ ZIP CC	St.	212	217		
1	4 FATHER'S NAME	WIDDLE	LAST			MAIDEN NAM	WE			BI	Blyden		
ħ	60 WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECUI	RITY NO.	17 INFORMA	NT	ADDR	ESS					
1	Yes NOOR UNKNOWN) 150/4	2-2/46	220-01-5	191	Denise	e Griff	in 1811 Pr	esbu	ry St.	. 21	217		
	gave rise to immediate cause (a), stating the underlying cause last.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN Remin Line Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN										TH?	
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1	226 PHYSICIAN'S NAME (TYPE C		mo	10.4			MEDICAL STA			11/	3/8	5	
	J. L.	KRANT	Z, Mn		3900	LOCH RA	VEN BLVD.	BALT	IMORE	MAF	YLAN	ND.	
2	3a. BURIAL, CREMATION, REMOVAL (SPECIFY) BUrial	23b. DATE			EMETERY OR C	REMATORY	236 LOCATION		COUNTY		. 5	STATE	
Ш	A FUNERAL DIRECTOR Bailey-Douglass F		ADDRESS			25a. DATE	E REC'D. BY REGISTRAL OV 13 198	25b. REG		GNATU		alika	

DHMH - 16 60M 7/84

Lineary Hours Fredung Street

THURSDA HOLD CALLED WHICH SHANN Miles and Company and Company DAVINE LONG A TOTAL CONTRACTOR OF THE STATE What is it seed that is Next help to see

STATE OF MARYLAND

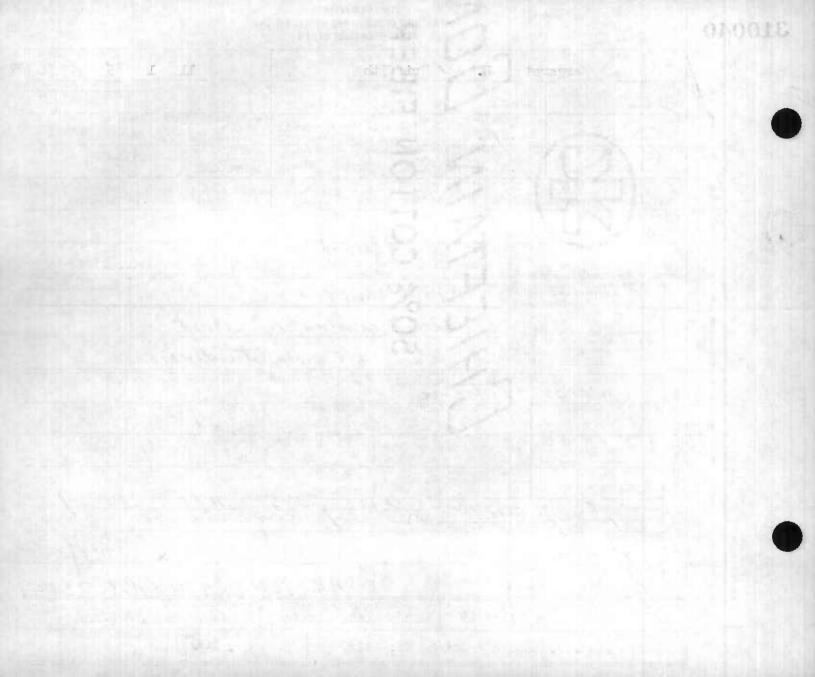


DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIM

1	FOR STATE REGISTRAR	DEPARTM	,	ALTH AND MENTAL HYG CATE OF DEATH	IENE REG. NO.	3 0	O					
111	DECEASED NAME FIRST	MIDDLE	LAS	51		ONTH DAY	YEAR	2b HOUR				
1	TYPE OR PRINT) Margar	et L. G	riffit	h	11	7	85	3:50 P				
1 3	SEX	I RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRTHO	DAY) IF U	INDER I YEAR	IF UNDER 24 HRS				
	Female	White		05,1912 YEAR	73	YRS.	INS DAYS	HOURS MIN.				
70	BIRTHPLACE (STATE OR FOREIGN 7 Maryland	U.S.A.	8. MARRIED WIDOWED	NEVER MARRIED X	9. BALTIMORE CITY <u>OR</u> Baltimore (nd MD.				
10	Baltimore City	St. Agnes Hospital	ADDRESS.	OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		126 KIND O INDUSTRY PBX	F BUSINESS OR				
/113	in STATE PROJECTION	Arundel Linthici		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / 2	Ra. L	inthic	090 cum				
1007	FATHERS NAME Harry "Griffith"	eoir (AS)	1	Is MOTHER'S MAIDEN NAM Irene Wecke			LAS	ı				
/ BS2	WAS DECEASED EVER IN U.S. ARN	AED FORCES? The SOCIAL SECU	4877 (1777)	17 INFORMANT Barbara Schef	ADDRESS Sel 518 Arbo		ve 210	061				
200	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO E SYULLOW	ENCE OF	A & weth.	Matic dise	are	IN PART 10	0				
TA CENTRAL AT	198 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED		206 IF YES, W IN CERTIFYIN YES	G CAUSES					
9	OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY)	IN ITEM IB PARI	I OR PART 2)					
MEDIC	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (A) HOME STREET FACTORY, OFFICE, F.		211 LOCATION STREET	CITY OR TOWN	4	COUNTY	STATE				
	saw the deceased alive on obove. (1) (we) (did) (did nat	22a. I certify that IT (this hospital) attended the deceased from 19 129 19 19 19 19 19 19 19 19 19 19 19 19 19										
	276. SIGNATURE 276. PHYSICIAN'S NAME LIVE OR	cules M.D.		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NX	22c DATE	SIGNED				
	A. MACIU	Lis		SAH 90	O CATO	NA	ve.	21229				
	BURIAL, CREMATION, REMOVAL			metery or crematory idbe Cemetery	Dorsey, How	vard, Mi	ariylar	nd STATE				
24	Ambrose , Inc. 1328	Sulphur Spring	Rd. 2	1227 25a. DATE	RECD. BY REGISTRAR 25	L REGISTRA	R'S SIGNAT	URE"				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



318147	1.	FOR STATE REGISTRAR LIL	Y REE	BECCA GR		MENT OF H	E OF MARYLAND BEALTH AND MENTAL H ICATE OF DEATH	YGIENE	S REG. N	3	0 3	5	J	
tor, page 3 offer death	TYPE	CEASED NAME OR PRINT)	FIRST	R	ebecca	G	ront		OF DEATH	MONTH	B 85		40 AM	
oge 4 merector, pours after		'emale		4. RACE White		S. DATE C		5 8		MONTHS DAT		DER 24 HRS		
funeral d thin 72 ha	E	RTHPLACE ISTATE OR FI COUNTRY) England ITY OR TOWN OF DEA		U.S		WIDOWE	D NEVER MARRIED DIORCED DIOROTHER INSTITUTION	В	altimo	re Ci	ty			
in by the	B	altimore	NG HOME OR	St. Ag	H FACILITY, GIVE STREET A NES HOSPI GIVE RESIDENCE BEFORE	ADMISSION)	Hou	work for most	Own	Own Home				
tely filled 2 should		THER'S NAME		imore	Catonsvi		13d. INSIDE CITY LIMITS? YES NO X 15 MOTHER'S MAIDEN N	201			on Ave	nue	2122	
comple comple	160 Y	Harry Harry VAS DECEASED EVER (VES NO OR UNKNOWN) NO	IN U.S. AR	MED FORCES?	Bourne 166 SOCIAL SECUE 042-20-6		Kate 17 INFORMANT	0.25	1228 I	ESS larwa:	ll Aver		nown)	
Physical Process		18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSE	ly one couse per D BY: E CAUSE (o)			ar collapsi	elv <u>ig</u>	Baltin	nore,		OXIMATE IN	NTERVAL AND DEATH	
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ITAL OR A by the hos RAL DIREC e detoched store Dept.		226. SIGNATURE 9, MCC	hael	May	21		DEGREE ATTENDING PHYSICIAN		AL STA		22c. DA	TE SIGNE	85	

231. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation 11/8/85 Westview Crematory Catonsville Mar

Mar

Left No. Date Record By Registrar 25b Registrar Signature 1630 Edmondson Avenue, Catonsville, MD. 21228 NOV 12 1985 11/8/85

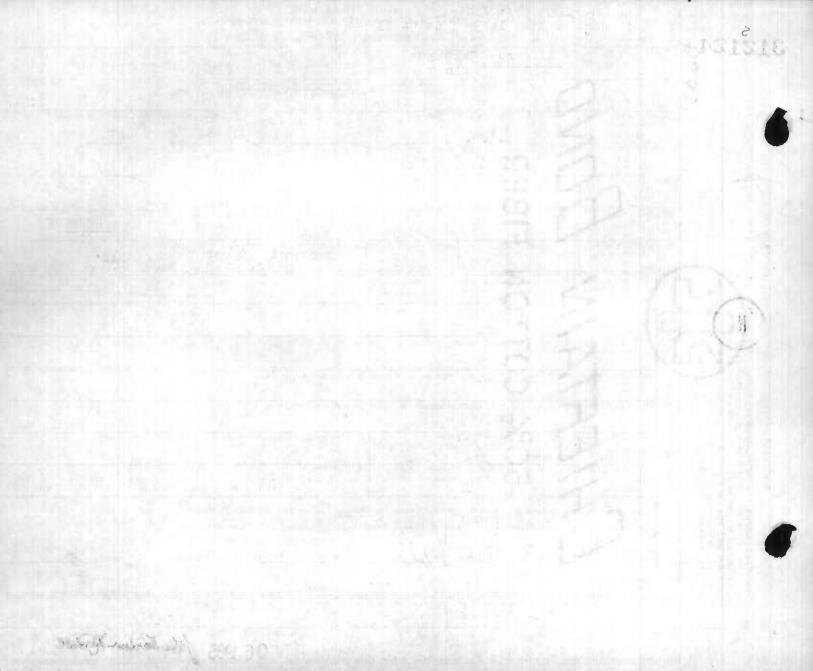
23b. DATE

Maryland

23d LOCATION

Baltimore,

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BALTIM	S AFTER GIVE PA TITH FOR PAGES I WISION		YES, NO, OR UNKN	OWN) (IF YES, G	IVE WAR OR DATES)	2	001AL SECURIT		Marga	GROSS	pénce , 361	GARR	RISON	BLVD	1., 212	
ON ST.	MALE D	PART I DEATH (Enter only ane couse per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of head											APPROXIMA SETWEEN ONS	TE INTERVAL		
1	1			ons, if ony, whi	ich	D, OR AS A C	ONSEQUENCE	OF								
201 W	EXAL EXAL		lying ca	i) stating the <u>und</u> use last.	er· DUE TO	O, OR AS A C	ONSEOUENCE	OF	H						333	
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STATE OF MARYLAND

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317119	1	FOR - STATE REGISTRAR		8	5								
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(10)	14. F	ATHER'S NAME FIRST George	WIDDLE	Gross			MAIDEN NA/	ME	WIDDLE		SC	LASI hluni	10
	16a	WAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMAL			ADDRE	ESS	50.	112 011	
10.41		(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES	214-07-0	899	Mrs.	Sarah	V. Gro	SS	sai	ne a	s # .	13
physics physics promptions present, the		CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSI IMMEDIA	nly ane cause per ED BY: TE CAUSE (a)	Cardio	- Re	spir-	fory	Alle	s j			APPROXII	AATE INTERVAL INSET AND DEATH
that the death ce is by the attending nase remove corb is, cremation, or a or other traumatic,		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_	R AS A CONSEQUE	PETA	Fail	, _						
Then pl	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO E	DEATH BUT N	NOT RELATED	TO THE TERM	INAL DISEA	SE OR CON	DITIONG	IVEN IN	PART lia	
No.	CERTIFICATI	196 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	I WAS PERFOI	RMED	200 AUT	OPSY?	IN CERT			GS USED OF DEATH?
SICIAN 1	1000	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	FINJURY M. MONTH DA M.	AY YEAR	21c HOW IN.	JURY OCCURR	RED (ENTERN	ATURE OF INJU	RY IN ITEM 16	PART I OF	RPART 2)	
Me the the condition of	MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATIO STREET	200		CITY OR TO	wn .	cc	YIMUC	STATE
CTOR. A for out		27a I certify that the this hasp saw the decepsed alive ar abave, #1 (we) [did] (did w	,	110	45 , and	that in Pay)	aur) apinian a	death accurr	ed an the de	ate and he		iam the c	hat # we las auses stated
AL DRES		22b. SIGNATURE	f m	_	no	EGREE A	TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAI	FF DIAN DY	2	IL DATE	SIGNED
THE SET	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS							

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

236 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Dulaney Valley Cem

23d LOCATION

COUNTY

STATE

Baltimore Maryland
ORIGINARISSI REGISTRAR'S SIGNATURE

Leonard J. Ruck, Inc. 5305 Harford Road21214

11/11/85

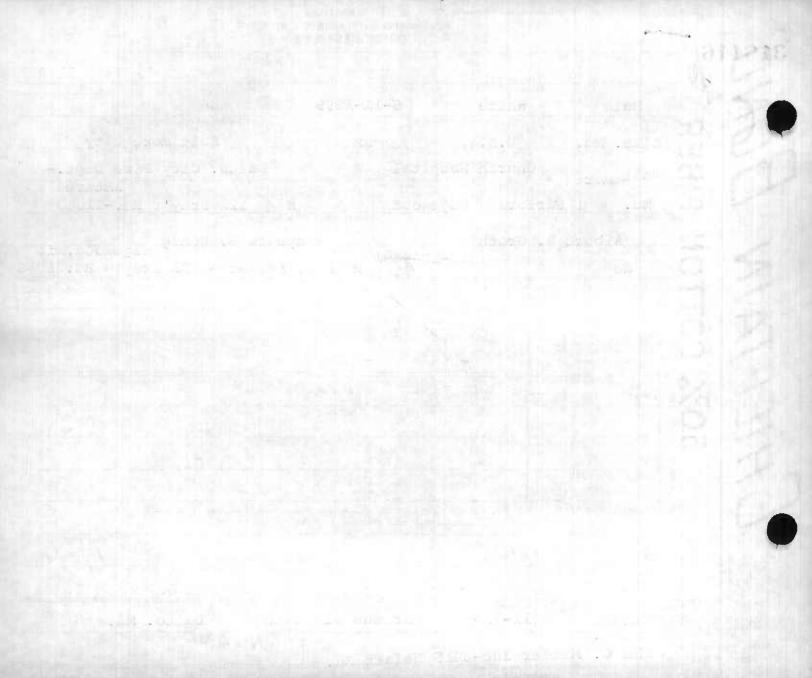
23b. DATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)



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BALTIMORE,	- ()	AS DECEASED EVER IN ES, NO OR UNKNOWN)	U.S. ARMED IF YES, GIVE WA		216-6			John H	laberl	cam		DRESS Les	sli	-		
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TO HOSPITAL OR ATTENDING PHYSICIA retorned by the hospitol or ottending p TO FUNERAL DIRECTOR: After this certil should be detoched for use as the buriol-with the State Dept of Health and Mento.	MEDICAL	(IF ETHER, NOTEY MEDICAL 21d. INJURY OCCURREE WHILE AT WORK 22a. I certify that (I) (th sow the deceased obous (I) (we) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAM	olive on (did not) vie	21e. PLACE (AT HOME, ST attended th V V (M ew the body	rbu 6	from	5. on	THE LOCATION STREET THIS CONTROL OF THE PHY 22e. ADDRESS	19 Sir) opinion d	MEDICA	rred on the	TAFF	×		that (1) (causes st	
BP	(urial, cremation, re	MOVAL 2	3b. DATE	18/85			METERY OR CREA	cess	23d. LO	CATION Bail	time.	ore	, Md.		STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		onmelly F	unera	al Ho	me ou	PESS Du	ndal	.k	250 DATE	rego. B	SECISTA 985			Trust	TIRE -	2 3

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- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 30 H Haberkorn Arno Jr. November 4. 1985 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) 3 SEX IF LINDER TYEAR IF UNDER 24 HRS October 24, 1916 Male White TE BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md. WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Union Memorial Hospital Sales Koppers Company USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. Baltimore 1721 Lakeside Avenue 21218 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Arno R. Haberkorn Caroline Flick 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 2 nd WW 212-05-7264 yes Mrs. Elizabeth B. Haberkorn Same 18 CAUSE OF DEATH (Enter only one couse per line for tot, the, and ic PART I. DEATH WAS CAUSED BY In DUE TO, OR AS A CO LEOUENCE OF

evere Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost CERTIFICATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)

71e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

21 LOCATION

CITY OR TOWN COUNTY

NOV 22a i certify that (1) (this haspital) attended the deceased from, 10/20 5. and that in (my) (aux-opinion death accurred on the date and have and from the causes stated sow the deceased alive on_ above, (1) (are) (did) (did view the body after death DEGREE 22c DATE SIGNED

22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

ATTENDING

Alan B. Cohen

WHILE NOT WHILE

201 E. University Parkway Balto. Md 23d LOCATION

23a BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY Nov. 9, 1985 Burial Lorraine Park 4 FUNERAL DIRECTOR

Woodlawn

Bal to

DHMH - 16 60M 7/84 (VRA 15, 4)

MEDICAL

Leonard J. Ruck Inc. Baltimore. Maryland

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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REGISTRAR				CERTIF	CATE OF DEATH	REG. NO	D.			
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(TYPE OR PRINT)	CHARLES	W	. HA.	DFIELI	III	NOVEMBER 1	3, 198	85	3:	55 .
SEX	14 B	ACE		5 DATE O		6 AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER I YEAR	R IF UNDE	R 24 HRS
/ Male				MONTH	DAY YEAR			MONTHS DAYS		MIN.
		Whi		Jan.	29, 1934	51	YRS			
COUNTY ISTATE OF	FOREIGN 76	CITIZEN OF V	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH		
PA			JSA	WIDOWE	D DIVORCED	Baltimore (ritu			M
CITY OR TOWN OF DE	ATH 11.		OSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATE	ON	12b KIND		IESS OF
Baltimore	M		d Genera	_	ni += 1	President		Build		
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PACE	MIDE		LAST		FIRST	MIDDLE		L	AST	
Charles			Hadfield		Unknow	ADDRE				
(YES, NO OR UNKNOWN)	I IF YES GIVE WA		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	55			
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Upper Ga					N WAS PERFORMED	20a AUTOPSY?		S, WERE FIND		
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OR CONTRIBUTION				AY YEAR						
214 INJURY OCCU		P.A		19	211 LOCATION					
<u> </u>			EET FACTORY, OFFICE_F	FARM, ETC)	STREET	CITY OR TO	WM	COUNTY		STATE
	ORK ORK									
22a.1 certify that	Xthis haspital)	attended the	deceased fram_	Nover	mber 5, 19 8	5 November	r 13		, that (X	
saw the decea	sed alive an <u>N</u> (did) (d x x ot) vi	ovembe	r 13, 19	85, an	d that in (My) (our) opinian	deoth accurred on the do	ite and hou	ur and fram the	e causes si	tated
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DHMH - 16 60M 7/84 (VRA 15, 4)

Jorge Ferrer, M.D. 23a BURIAL, CREMATION, REMOVAL 23b DATE Burial 11/16/85

23c. NAME OF CEMETERY OR CREMATORY New Cathedral

23d LOCATION Balto.

c/o Maryland General Hospital

STATE MD

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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June 1 Tolog New 2 Tradent Lefalls. Hereb W. Candra & Berry Co. HELD YON ROOM BALLO, NO. 21212 L.

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DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL BURTAL

23b. DATE 09 Nov 85

LOUDON PARK CEMETERY

BALTIMORE CITY MARYLAND

250. DATE RECT. BY REGISTRANIS REGISTRAN'S SIGNATURE

AMBROSE, INC. 1328 SULPHUR SPRING ROAD 21227

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WIDDLE	* LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
s Warren	Haile	November 12, 1985	7:01A M
4. RACE	5. DATE OF BIRTH	o rioc in terms of the contract of	NDER I YEAR IF UNDER 24 HRS
White		00	HS DAYS HOURS MIN.
Th CITIZEN OF WHAT COUNTRY	(2 1	9 BALTIMORE CITY OR COUNTY OF	DEATH
U.S.A.	WIDOWED DIVORCED	Baltimore City	MD
11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)		26. KIND OF BUSINESS OR NDUSTRY Stee1
NTY 13c CITY OR TO	WN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 6204 The Alemed	a 21239
MIDDLE LAST ferson Hail	FIR51	Louise	Doran
	CURITY NO. 17 INFORMANT	ADDRESS	
217-05-	4687 Mrs. A.D.Ha	ile 6204 The Alemed	a 21239
D BY TE CAUSE (a) DUE TO, OR AS A CONSEO (b)	UENCE OF	m sein 5005	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	MIDDLE S Warren 4. RACE White 7b. CITIZEN OF WHAT COUNTRY U.S.A. 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCHFACILITY, GIVE STRE 6204 The Ale 13c. CITY OR TO Balti MIDDLE Ferson MED FORCES? E WAR OR DATES 16b. SOCIAL SEC 217-05- Ally one couse per line for (a), (b), DBY IE CAUSE (a) DUE TO, OR AS A CONSEO (b)	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH MIDDLE S Warren Haile 4. RACE White June 14, 1919 7b. CITIZEN OF WHAT COUNTRY? MARRIEQUIA MARRIEQUIA MARRIEQUIA MEDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GVE STREET ADDRESS) 6204 The Alemeda OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NITY 13d. CITY OR TOWN Baltimore 15. MOTHER'S MAIDEN N FIRST FIRST Ellen MED FORCES? 16b. SOCIAL SECURITY NO. 217-05-4687 Mrs. A.D. Ha INJ one cause per line for (a), (b), and (c) D BY	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. ***STATE*** ***SUBJECT:**** ***SUBJECT:*** ***SUBJECT:**** ***SUBJECT:*** ***SUBJECT:** ***

IMMEDIA	TE CAUSE (a)_	Concensor	124	Vidata	suin	January .	8 pers
	DUE TO,	OR AS A CONSEQUENCE C	OF .				1.5
Canditians, if any, which	(b)						
cause (a), stating the underlying cause last	DUE TO.	OR AS A CONSEQUENCE O	OF.				

Cor	D					
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA		
			YES NO	YES 🗌	NO 🗆	
110. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		JRRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2	?)	
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR					
(IF EITHER, NOTHY MEDICAL EXAMINER)	P.M. 19	and the second				
21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OF TO	wn COUNTY	STA	

226.] certify that (I) (this haspital) attended the deceased from Nus 19 fr , that (I) (we) last saw the deceased alive an abave, (I) (we) (did) (did not) view the bady after death and that in (my) (aur) apinian death accurred an the date and haur and I iam the causes stated

DEGREE 226 SIGNATURE an ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [22e ADDRESS

22d PHYSICIAN'S NAME (TYPE OF PRINT) Arthur Serpick

St. Joseph Hospital

230 BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION		
[SPECIFY]			Dundalk	Baltimore	15
Burial	11-15-85	St. Stanislane	Dundark	partimore	LI

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Mitchell-Wiedefeld Home 6500 York Road 21212 (VRA 15, 4)

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34	22112		REGISTRAR			M		EXAMI	NER'S C		CATEO	F DEA		REG. NO			
-03	25 % S. F.		CEASED NAME E OR PRINT)	EDW	ARD		MIDDLE	HAL	[LAST			20. DATE & OF DEATH	MATED		7-859	YEAR 25 HOUR
	S NECESSARY, PLEASE EFUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS I W. PRESTON STREET.	3. SEX	Male	RACE Black		E OF BIRTH		6 AGE (IN)	DAY) MONTH	DER 1 YR.	HOURS		7c. DATE PRONOUN DEAD	CED	HTMOM	DAY	YEAR 26 HOUF
	SAR YOUNT		RTHPLACE (5)		_		WHAT COUN		rs.	·V			9 BALTIMO	ORE CITY C		7-8519	
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E. MD.	NOW STH		THER'S NAME		MIDDLE			LAST			R'S MAIDE			DDIE		LAST	
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VITAL REC	00 # S.P.S	FICATIO	19a. DATE OF	OPERATION		19b. COND	DITION FOR	WHICH OPE	RATION W	AS PERFOR	MED?					20 AUT	
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	25 55 55 F.		CHARI	ES	E.	HALLE	R	DEATH MATED 1	L-4-85 19	
	FLEASE CTOR. FILES. TREET,	3 SE		S. DATE OF BIRTH	YEAR LAST BIRTHE				ONTH DAY YEAR	R 2d. HOU
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD	RTIFICATE SHOULD BE EXECUTE WOTH WORD "PENDING". TO THE CHIEF MEDICAL SHOULD BE USED AS A BU PARTMENT OF HEALTH AN RIOR TO BURNALL, CREMAT	z	THE TOTAL STORM CONDITIONS	DATES OF THE STATE	OT NOT KEENTED TO THE TER	MINAL BIJEASE OK	COMMITTON GIVEN IN PART I IS			
E	MEN WE CALL	CERTIFICATION	190. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION WAS I	PERFORMED?		28 AUTOPS	Y?
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29	NO. HE		220 I certify that I took charge	of the remains dese		Autopsy	Inspection X	, Inquiry . and in	my apinion	
	MAN BE BE THI		death resulted from: Nature	ol causes .	Accident S	uicide X	Homicide Up	determined monner,		
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	¥ # 5 \$ # " -		SIGNATURE	N. VIN	OSIV ON	M.A.	<u>ssistant</u> "	EDICAL EXAMINER	DATE 11-5-85)
	WO S DE	7	EXAMINER'S NAME DEN	E C	Lith MD		111 D	enn Street		
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2	-			lyth, M.D		JKE 35			
	EMCE ≪ €	23 a 1	URIAL, CREMATION, REMOVAL 23	1-8-85	23c. NAME OF CE Ced.a.1	METERY OR CE	Cemetery	Brooklyn	COUNTY	STATEGO
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	DHMH - 17	24.1	INOCULTY Funer		237 E. Pa		Ave NOV	0 8 1985	ARS SIGNATURE	delle
	(VR A15 ME (5))				Raltimore	. Md	21225	0 0 1300		111

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1-	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE B S	3 0 3	0 3
	EASED NAME FIR	ST MIDDLE	, L	AST	20 DATE OF DEATH	MONTH / HE / HINOM	2k.HOUR
(TYPE	Jeans Jeans	ne E.	Halp	ern		11/10/95	322 PM
1.5EX	-	4 RACE	5. DATE C		& AGE (IN YEARS LAST BIRT	ghi should be	The state of the s
1	Female	White	MONIF	9 23	62	YRS.	
	RTHPLACE (STATE OR FOREIG		COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
1	Cambridge, M	ld. USA	WIDOWE		Baltimor	e City	MD.
HII. CI	TY OR TOWN OF DEATH		TAL, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATE		O OF BUSINESS OR
2	Baltimore		amaritan Ho	spital	Homemak		n Home
III. S		COUNTY 13c. C	SIDENCE BEFORE ADMISSION) ITY OR TOWN thicum	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	zip code ount Road 2	1090
14 FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		LAST
ic	Eric		ende	Margaret		Sew	ard
	VAS DECEASED EVER IN U	S. ARMED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	
	No		-10-0901	Harry L. Ha	lpern, Husbar		
	PART I. DEATH WAS C	nter only one couse per line to CAUSED BY. MEDIATE CAUSE (0)		moneny Ar.	rest		EN ONSET AND DEATH
		ote	CONSEQUENCE OF	mel Fair	10-e	6	months
	(c)						
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION C						110
CERTIFICATION	190 DATE OF OPERATION	1 19b. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	
CER	21a. ACCIDENT WAS UNDERLY	ING 216. TIME OF INJU	IRY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM IB PART I OR PART	2)

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY STATE STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NO! WHILE WHILE 22a.1 certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive above, (I) (we vidid) (d and that in (my) (our) opinion death occurred on the date and hour and from the causes stated not) view the body ofter death. 22b. SIGNATUE DEGREE An. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS rood 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE CITY OR TOWN (SPECIFY Catonsville. Baltimore, Md Security Process Cremation 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

BP.

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morked or the

MPORTANT

MEDICAL

(VRA 15, 4) Kirkley, Glen Burnie, Md 250 DATE REC. D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

NOV 13 1985

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	G.	

11/22/85 AGE TIN YEARS LAST BIRTHDAY

	REGISTRAR	REG, NO.		
n.s.	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDIE	LAST	20. DATE OF DEATH MON
	Frederick	M. Hamer		11/22/85
(SE)	3. SEX	4 RACE	2 Dille Or Dillett	6. AGE (IN YEARS LAST BIRTHDA
()	male	White	Nov. 14, 1891	94
100	78 BIRTHPLACE STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	* MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO
12 937	MarylaNd	U.S.A.	WIDOWED DIVORCED	Baltimore
11 10,	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION
53 270	Baltimore City	Pimlico Manor	Nursing Home	Truck Driver

BALTIMORE CITY OR COUNTY OF DEATH Baltimore City a USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFEL INDUSTRY

MONIH

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN Baltimore

13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 3300 Elm Avenue NOF

21211

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Can Co.

YEAR

IF LINDER LYEAR

26 HOUR

IF LINDED 21 MBS

Maryland 14 FATHER'S NAME John

Dora 17 INFORMANT

LAST Hartman

60 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) No

166 SOCIAL SECURITY NO 215 01 7661

Emma H. Sapp

IS MOTHER'S MAIDEN NAME

CERTIFICATION

MEDICAL

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38

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18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0

Hamer

MIDDLE

ADDRESS

Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE PINDINGS USED

NOF

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

190 DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20a AUTOPSY

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE

226. SIGNATURE

24 FUNERAL DIRECTOR

21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM, ETC 1 211 LOCATION CITY OR TOWN STREET

COUNTY

IN CERTIFYING CAUSES OF DEATH?

YES F

22a I certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ obove, (II (we) (did) (did na

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

NO F

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

5211 Harford Road

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT

230 BURIAL, CREMATION, REMOVAL 236. DATE Burial 11/25/85

Sukh Dev Aujla

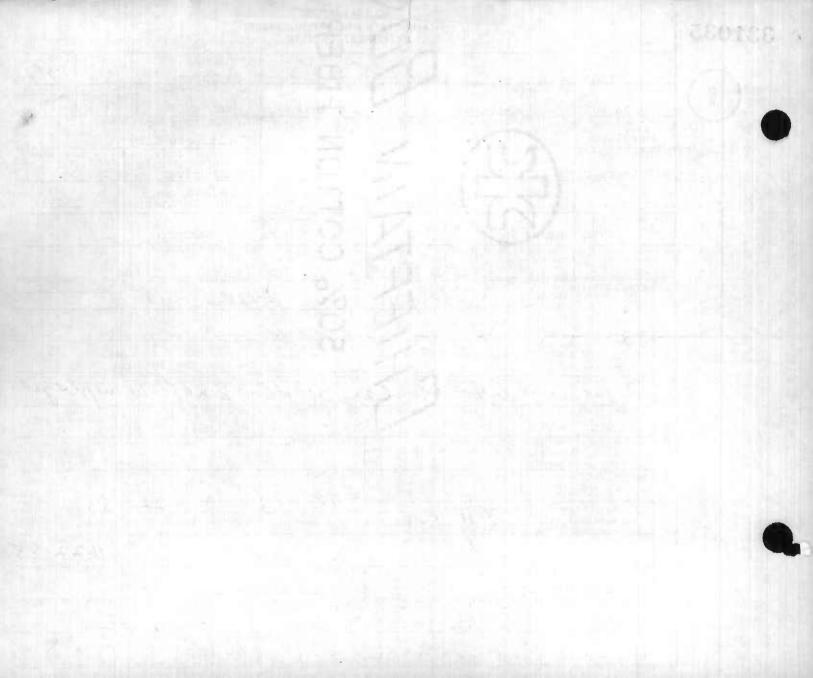
Parkwood Cemetery

CITY OR TOWN Baltimore, Maryland

Burgee-Henss Funeral Home 3631 Falls Rd. 21211

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23d LOCATION



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and the state of t

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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hay be page 3		CEASED NAME FIRST	RACE HAI	ALTON DATE OF BIRTH		MONTH DAY YEAR 10 HOUR 10 2 2 5 MM
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leoth. To	7a. 8	IRTHPLACE ISTATE OR FOREIGN 7	111-314	MARRIED NEVER MARRIED NOORCED	9 BALTIMORE CITY OF	COUNTY OF DEATH
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mplensy and 2 sy	20	SAMUEL "	DOLE AAMILT	ON MATER'S MAIDEN NAMED	AE MIDDLE	COX
n and Page		WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURION OF DATES 2/3 0/3		MILTON	RIALTO, CARIF
(H)		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	(V & K - () / K		9	25/6 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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he law range. has been the print	CERTIFICATION	190 DATE OF OPERATION 10-23-85	186 CONDITION FOR WHICH OF	PERAJON WAS PERFORMED	200 AUTOPSY?	20b. IF YES WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{\ti}\text{\texi{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text
SICIAN: Tog physici certificate rial-transi ental Hygi them 18 si	1 (1	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
offendin ter this c is the bur h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARA	M. ETC) 211. LOCATION STREET	CITY OR TOW	VN COUNTY STATE
TENDIN ttol or OR Af OR Af Health		220.1 certify that (1) (this haspite saw the deceased alive an_	11-4-85 19	and that in (my) (our) opinion of	eath accurred on the dat	te and have and from the causes stated
the hospital DIRECT of Popular Popular Direction of the Dept of th		abave, (1) (we/(did) (did nat)	view the bady after death.	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
OSPITA ed by UNERA d be de the Stot	1	274 PHYSICIAN'S NAME (TYPE OR	// _	22e ADDRESS	S, H	

231. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

BP.

24 FUNERAL DIRECTOR (VRA 15, 4)

236 LOCATION CITY OF TOWN

WINTERN ! The wall in the control was the THE WINDS ASSET TO THE WAR Brist 11-8-1973 MD VERENUS CON COURSENIE, 19-19 DID

DHMH - 16 60M 7/84

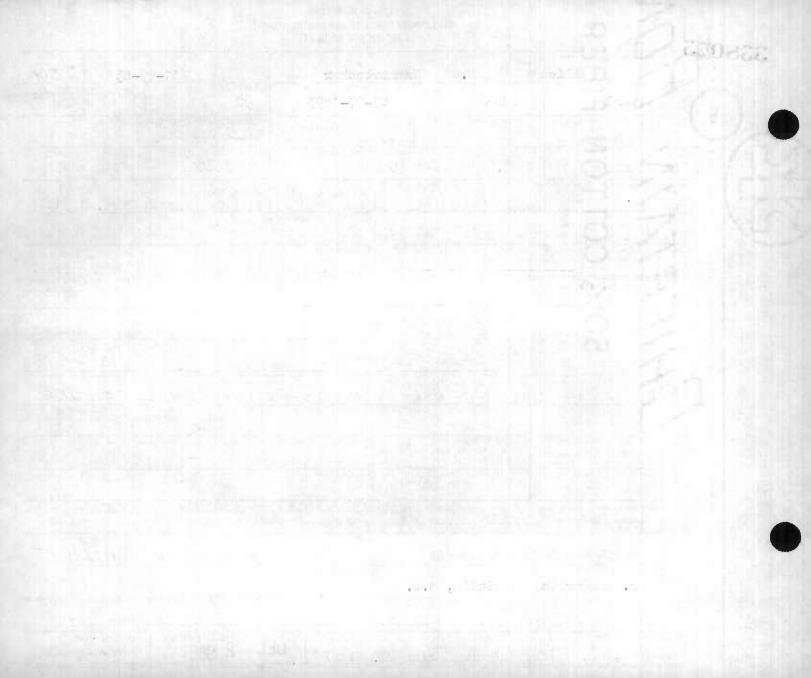
(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	LIAME	ORPRINT) Alic	e	M. I	Hamme	rbacker		11-29	-85	2'5	OP
	3 SEX		4 RACE		5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER	24 HRS
١		Female	White		~°0'	7-07-4893 YEAR	92	YRS	ONTHS DAYS	HOURS	MIN.
L	Mas	RTHPLACE (STATE OR FOREIGN COUNTRY) ryland	USA	WHAT COUNTRY?	WIDOWE		Baltimore city of	City	OF DEATH		MD.
7	Ba	TY OR TOWN OF DEATH Ltimore	(IF NOT IN SUC	anes Hos	pital	DR OTHER INSTITUTION	12a USUAL OCCUPAT		126. KIND O INDUSTRY		SS OR
1	13a S	AL RESIDENCE (IF NURSING HOME O	NTY	130 CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE			
7			timore	Baltimor		YES NO	1211 Washi		Blud.	21230)
		THER'S NAME	MIDDLE			15. MOTHER'S MAIDEN NA	ME				
	Tal	hn Shubbard	WIDDLE	LAST		Margaret	WIDDLE		LAS	Т	
	16a W	VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	SS			
i	no	(IF YES GI	VE WAR OR DATES)	212-10-5	166	Mr. George R	ing 5221 A	rbutus	Avenu	e 212	227
		18 CAUSE OF DEATH (Enter o	nly one cause per	line far (a), (b), an	dicil				BETWEEN	MATE INTERV	VAL
		18 CAUSE OF DEATH LENTER only one cause per line for rat, (b), and ICHI PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CARDIO RESPIRATORY ARREST							11	N,	
		DUE TO, OR AS A CONSEQUENCE OF									
		Conditions, it ony, which gave rise to immediate				PNEUM	DNIA		10 DAYS		X 7.
		couse (0), stating the underlying cause last	DUE TO, OR	AS A CONSEQUE		ATIVE SE	EPSIS		10	DAY	15
	z	PART 2 OTHER SIGNIFICANT			4	4					
7	ATIO	DUO DENAL		URIN AN		NWAS PERFORMED	CTION RE	NAL	+ AIL	URL	
	CERTIFICATION	THE DATE OF CHERATION	176 CONDI	INDIATOR WHICH	OFERALIO	IN WAS FERFORMED	YES TO NOW	IN CERTIFY	ING CAUSES	OF DEATH	H?
2	CER	210 ACCIDENT WAS UNDERLYING		INJURY	VEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU				
	N N	OR CONTRIBUTING CAUSE OF DE	AIO -		19						
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY	ARM ETC)	211 LOCATION STREET	CITY OF TO	WN	COUNTY	51	ATE
		22a-1 certify that (1) (this hasp			Del	19 19 85		9	9 75	that (1) (w	e) lost
		saw the deceased alive ar abave, (1) (we) (did) (did no	at) view the bady	after death		nd that in (my) (aur) apınıan (death occurred an the d	ate and haur	and fram the	causes stat	ted
		largaret		ceulis			MEDICAL STA	FF IAN D	11/2	SIGNED 9/8	05
	10	224 PHYSICIAN'S NAME (TYPE		7		22e ADDRESS					
		Dr. Margaretl					Hospital				
		URIAL, CREMATION, REMOVAL	12/3/8	230 1	NAME OF C	Park Cemetery	23d LOCATION	0:4.	COUNTY		ATE
		INERAL DIRECTOR	112/3/8	LC	rudon						
		brose, Inc, 1	30 C. D.	ADDRESS C.	ת ח		E REC'D. BY REGISTRAR		AR'S SIGNATI	e .	60
	7 071	orcose, Inc,	120 sulp	nur spru	ng Ka	. 21221	~ 1300		a sanday and	A Land	1000



326128	FOR STATE REGIST	RAR	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	308/0
4 may be or page 3 or page 3	T DECEASED (TYPE OR PRINT)	COURT	NEY G.	HAMMOND 5. DATE OF BIRTH MONTH DAY YEAR	20 DATE OF DEATH MONI	9 85 80°M
be exect the same of the same death. Fage 4. S. Page. The same of	USUAL RESID 130 STATE M. 114 FATHER'S 1160 WAS DEC	Mayland DWN OF DEATH ITY ENGE (IF NURSING HORLORO DNAME HEST EASED EVER IN U.S. ARM UNKNOWN) (IF VES. GIVE V	IF NOT IN SUCH FACILITY, GIVE STREET, VINVOLADITY STHER INSTITUTION, GIVE RESIDENCE PLOPE LAST HAMM	MARRIED NEVER MARRIED MODE DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCES) MODE DIVORCES DIV	P BALTIMORE CITY OR CO BA TV City 120 USUAL OCCUPATION (17PE OF WORK FOR MOST ON OR MINISTER 130 STREET ADDRESS / ZIP 70 5 5 6 0	DUNTY OF DEATH MD. RRING LIFE INDUSTRY
AL RECORDS, 201 W. PRESTON ST., BAL1 The law requires that the death certificate in the been signed by the attending physicial permit. Then please remove carbonopapers tene prior to burial, cremation, ar removal. Towns any injury, or other traumatic event, the	Condition of the control of the cont	TI. DEATH WAS CAUSED IMMEDIATE ions, if any, which rise to immediate (a), stating the ying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO. OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO DE KAMEN S	virabry Anest NCE OF I IMONIA	20a AUTOPSY2 20b	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH ON GIVEN IN PART 1:0 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL O HOSPITAL OK ATTENDING PHYSICIA etoined by the hospitol or ottending physician TO FUNERAL DIRECTOR. After this certificate is should be detached for use as the burial transit with the State Dept of Health and Memal Hygie MPORTANT: if hem 21 is marked or hem 18 sho	WHILE AT WORK 220.1 ce sov abi	the deceased alive on_	P.M. 21e. PLACE OF INJURY (IAT HOME, STREET, FACTORY, OFFICE, F) (ii) ottended the deceased fram view the body offer death.	Y YEAR 19 211 LOCATION STREET 19 211 LOCATION OF THE ET 19 212 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	county state 19 25 that [1] (we) last and have and from the causes stated 22c. DATE SIGNED 19/87
DHWH - 16 60W 7/84 (VRA 15, 4)	230 BURIAL, (SPECIFY)	BURIAL	236. DATE 11/16/55 AR 215 FH 120015	DISTV. AME OF CEMETERY OR CREMATORY, BUTUS MEN. PARK MCG/losst. NOV	234 LOCATION CITY OF 19WA FFO TE REC'D BY REGISTRAR 256. F	County Ent of

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DHMH - 16 60M 7/84 (VRA 15, 4)

J. E. Lowell Lemmon, 10 W. Padonia Rd

EC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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Palazza Harrisonville, Palazza

(VRA 15, 4)

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CTATE OF MADVIAND

STATE OF MAKILAND	John Marie
DEPARTMENT OF HEALTH AND MENTA	HYGIENE
CERTIFICATE OF DEATH	

318150		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.						
310100	1 00	CEASED NAME HORST	MIDDLE NA	Mi	AST CONTRACTOR	20. DATE OF DEATH	MONTH DAY	85	650 pm			
oge 4 moy ector pog	3. SE	EMALE	CAUC	S. DATE O	DE BIRTH	6 AGE (IN YEARS LAST BI	YRS	UNDER I YEAR	IF UNDER 24 HRS			
deoth Pe	7a. B	RTHPLACE (STATE OR FOREIGN OUNTRY) WAR YLAND TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY 15A 11. NAME OF HOSPITAL, NURSI	MARRIE		BALTIMORE CITY OF	Cdy		MD.			
otto son	1	LT RESIDENCE (IF NURSING HOMEOR	OFATON SUCH FACILITY GIVE STREET	ICAL I	CENTER	HOMEMAK		INDUSTRY	/			
hin 24 ho	13a	139 CON	MOLE ISC CITY OR TO		13d INSIDE CITY LIMITS? YES NO MY		ZIP CODE	+ Rd	याउठ्य			
03	1	Albert	DC HAP	}	MARY	WIDDLE		VISE IAST	NSKA			
De execu		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN! (IF YES, GIV	MED FORCES? 166 SOCIAL SEC E WAB OR DATES) 230 -69-2	2297	VERNA MANC	ADDR	KAVAN	AUGH)	Rd 21320			
rtificate f phy c anpo emovni			ly one couse per line for 101, (b), o D BY E CAUSE (0)	on lma	un Arrest			BETWEEN	MATE INTERVAL DNSET AND BEATH			
death ce thending ve corbi		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE	MENCE OF	and hypera	luceuma						
that the a l by the a ease remat ol, cremat		gove rise to immediate cause (a), stating the underlying cause lost.	Due to, or as a consecu	UENCE OF	11							
n signed Then plur r to burn injury, o	NO	PART 2 OTHER SIGNIFICANT (conditions contributing to	lavel BUT	NOT RELATED TO THE TERM	Peluc	Trachu		3			
The low room. The low room. The low room. The permit is permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES NO	20b IF YES, WIN CERTIFYIN	NG CAUSES				
CIAN.		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF IN)	IRY IN ITEM 18 PART	1 OR PART 2)				
G PHYS of this c the bur ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC }	211 LOCATION STREET	CITY OR 10	OWN	COUNTY	STATE			
TENDIN or use or or use or of Health		22a.1 certify that (I) (this haspi	tal attended the deceased from	87	nd that in (my) rour opinion of	, to	late and have a	nd from the o	that (I) (we) last causes stated			
the hosp the hosp of DIRECT eroched for the Dept of		obove, W(we) (didi/(did no	view the body after death.	N	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE :	SIGNED / S			
TO HOSPITA etoined by TO FUNERA should be de with the Stot		22d PHYSICIAN'S NAME TYPEO	nan he		1270 ADDRESS 1411 West	37" sheet	0 1	hune	my.			
₽ ₱ ₱ ₱ ₱ ₱ ₱ ₱ ₱ ₱ ₱ ₱ ₱ ₱ ₱ ₱ ₱ ₱ ₱ ₱	230	BURIAL, CREMATION, REMOVAL		NAME OF CAKIAW	EMETERY OR CREMATORY	3 LOCATION 3017 OR TOWN	R.C.	ounty md	STATE			
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME CZOROWSKI FUN	ERAL HOME S	545	1204 ST NOV.	12 1985	25h REGISTRA	R'S SIGNATI	URE CO			

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND M CERTIFICATE OF DE

ENTAL H	YGIENE					
AIR	REG. N	10.				
	2a. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	70

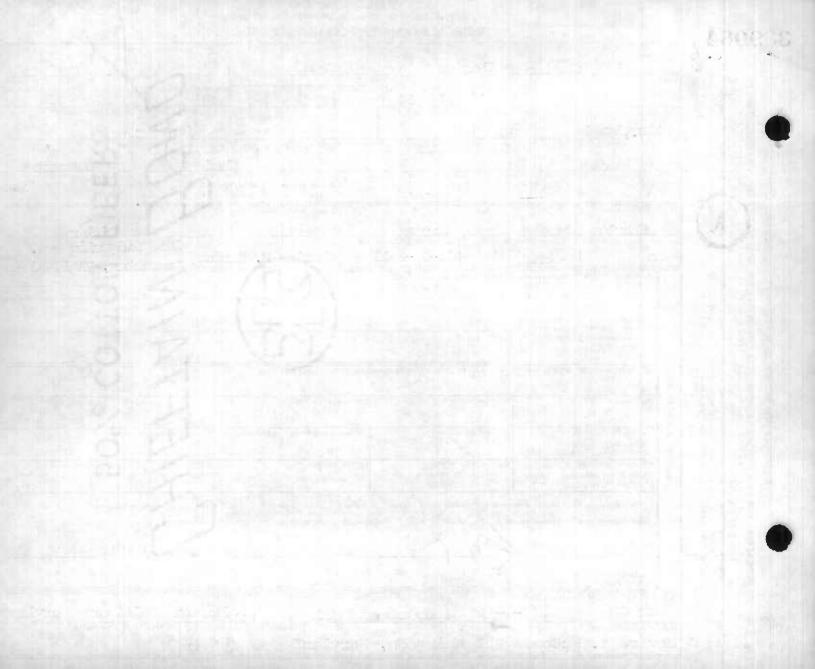
1. DECEASED NAME FIRST				F			
(TYPE OR PRINT)	MIDDLE	U	AST	2a. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
PHYLI	LTS R	HAR	TIM	NOVEMBE	R 2, 198	35	12:35
3. SEX	4 RACE	5. DATE O		6 AGE (IN YEARS		IF UNDER 1 YEAR	IF UNDER 24 HRS.
FEMALE	BLACK	12	09 1929	55	YRS.	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NITDVO 0	V	A SALTIMODE	CITY OR COUNT	Y OF DEATH	1
MARYLAND	U.S.A.	WIDOWE	NEVER MARRIED	_ DATESTA	RE CITY		
JP. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME O		12a USUAL OCC	UPATION	12b. KIND O	F BUSINESS O
BALTIMORE	JOHNS HOPKI	NS HOSPI	ral	TAPE I	IBRARIAN	SOCTA	L SECUR
BUAL RESIDENCE (IF NURSING HOME CO.			tal bicine city in it				-
MARYLAND		IMORE	YES X NO	4226 CC	LBORNE I	ROAD, 21	229
14 FATHER'S NAME			15 MOTHER'S MAIDEN	NAME			
ALEXANDER	BRO		BEATRICE	M	DDLE	RICE	ī
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT		ADDRESS		
(YES, NO OR UNKNOWN) (IF YES, G	214-2	26-1083	SAMUEL H.	HARCUM, JF	2., 4226	COLBORN	IE ROAD
18 CAUSE OF DEATH (Enter o	only one couse per line for (a).	(b), and (c).) A				APPROX	MATE INTERVAL
PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	en of	ailure			2	· Ho
956	DUE TO, OR AS A CON	i i		C 5/2 (10. 5) -			
Conditions, if any, which	(16) Congest	1 1	Inilare	serondan	1 to	1	yr
gave rise to immediate	10,000	7 7 7 7 7 7 7	10000				
	S DUE TO OBASA CON	ISEQUENCE OF	2 driem se	· tori	- 9		
cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON	ISEQUENCE OF	adriamyu	in toxin	cito		
cause (a), stating the	(c)		0	i toxin	CONDITION GI	VEN IN PART 110	a.
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Part 2 OTHER SIGNIFICANT	(c)	IG TO DEATH BUT	NOT RELATED TO THE	toxin TERMINAL DISEASE OF NOTASTANI 200 AUTOPS	20b. IF YE	S, WERE FINDIN	NGS USED
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DHMH - 16 6 (VRA 15, 4)

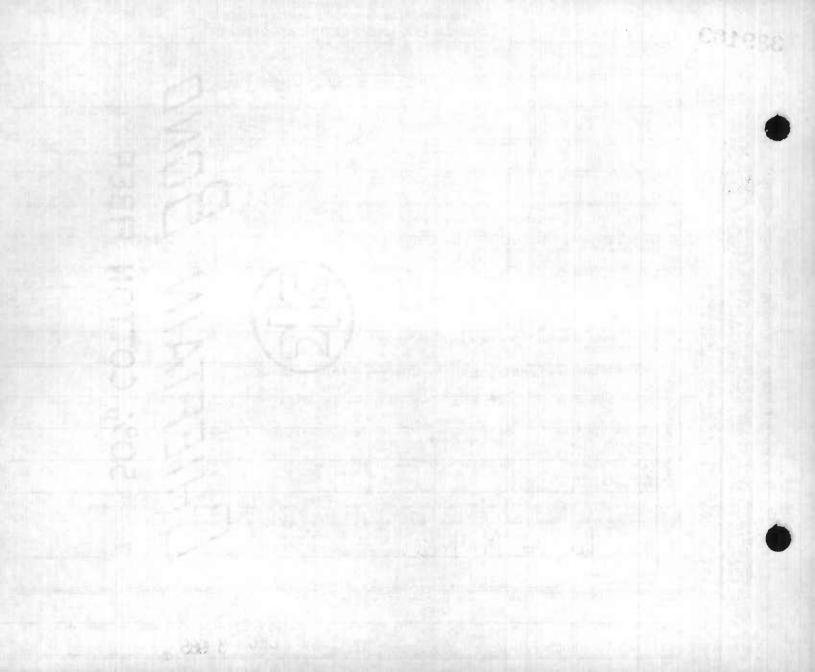
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300	9064	1	REGISTRAR		ME	DICAL	EXAMINE	R'S CERTIF	ICATE O	FDEATH	REG	6. NO.		
0,			CEASED NAME	FIRST		WIDDLE		LAST	100	20 DATE	KNOWN	HINOM X	DAY YEAR	26 HOUR
	NECESSARY, PLEASE UNERAL DIRECTOR. STATEMENT OF YOUR FILES. WITHIN 72 HOURS. V. PRESTON STREET,			Steph	en Cha	rles		Harden	1	OF DEATH	ESTI- MATED	□ 11/3	10/19 85	5 ^
	SIN	3 SEX	4 RA	CE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR		IF UNDER	24 HRS. 2c. DAT	E	MONTH	DAY YEAR	3 HOW
	OUR ON S		M	W	2 10	51	34 YRS	morning bars	HOURS	DEA		11/3	10/19 85	
-	PALL STAN		RTHPLACE (STATE OF	R	76. CITIZEN OF W	HAT COU		MARRIED N	IEVER MARRI	9 BALTIA	MORE CIT	TY OR COUNTY		
•	BASSE		Maryland		USA		27719	WIDOWED -	DIVORCE		imor	e City,		ME
0	San Band	10 C	TY OR TOWN OF D	EATH	11. NAME OF HO			OR OTHER INSTIT	UTION	12a USUAL OCCU	JPATION		OR INDUST	
	APA ECO I	F	altimore		Mercy H					Chef	PRRING LIFE)	1	Restaur	
10	1000EEE	USUA 130. S	AL RESIDENCE (IF IN	13b. COUN	OR OTHER INSTITUTION, G	IVE RESIDENCE	OR TOWN		CITY LIMITS?	13e STREET ADDR	Ecc	21200		
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9	/ Ja X	14. F/	ATHER'S NAME		MIDDLE		LAST	15 MOTH	HER'S MAIDE	NAME	MIDDLE		1.00	
20	A STATE OF THE STA	0	Charles	Edward		Ha	rden	Re	ertie_		WIDDLE	E-F-F	Eler	
OW.	1	16a. V	VAS DECEASED EVE	R IN U.S. AR.	MED FORCES? WAR OR DATES)	16b. 50	CIAL SECURITY				165	0 ^S Ridger	riew Ar	170
ALT	문 품 도 명 등		10	No		216-	54-2415	Char	cles E.	. Harden		caster,		
	WIT PI	VI	18 CAUSE OF DE	ATH (Enter on	ly one couse per lin	e for (o), (b), ond (c).)		1/3		TGUI	COSEC.	APPROXIMAT BETWEEN ONS	IE INTERVAL
Z	ITHIN 24 HOL CIL IN ITEM 18 NER ALONG ANSIT PERMIT AL HYGIENE, REMOVAL.		PART I DEATH		D BY: TE CAUSE (o)	Fatty	y Liver		TY				BETWEEN ON,	IT AND DEATH
510	N 24 N 17E A A LOP 17 G/E AOVA		7 7 7 7			R AS A CO	NSEQUENCE O	F	700					
2	WITHIN SNCIL IN AINER A TRANSIT VIAL HY	6	Conditions, if											
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. 20	XECUTE VG" IN F SAL EXA BURIAL AND M WATION,				(c)						1			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	WAT AN OWNER	_	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO DEATH	RUT NOT REL	ATEO TO THE TERMIN	AL DISEASE OR CONDITI	ON GIVEN IN PAR	T 1 io				1 - 1
0	"PENDING" "PENDING" FF MEDICAL RED AS A BU HEALTH AN AL, CREMAT	CERTIFICATION												
AL R	HOULD HIEF / HIEF / USED OF HE	2	19a DATE OF OPE	RATION	196. COND	ITION FOR	WHICH OPERA	TION WAS PERFO	RMED?				20 AUTOPSY	13
Z X	WORD :: WORD :: HE CHIEF O BE USE ENT OF H	RTIF							4 - 4				YES X	NO 🗆
90	CERTIFICATE SHOULD THE WORD "POST OF THE CHIEF STANDING BE USED DEPARTMENT OF HE PRIOR TO BURING		216 EXTERNAL CA		21b. TIME O HOUR A.A	F INJURY A. MONTH	DAY YEAR	21c HOW INJUR	Y OCCURRED	(ENTER NATURE OF IT	NJURY IN ITE	M 18 PART 1 OR PART 2)	
O	RTIFICATI NG THE V TO THE SHOULD PARTMEI RIORTO	MEDICAL	UNDERLYING CONTRIBUTING				19							
Ž S	RECENTION SECTION SECT	AE C	WHILE NO	T WHILE	21e PLACE STREET, FAC	OF INJURY		211. LOCATION STREET		CITY OR TO	NWC	COUNT	Y	STATE
۵	THIS (WRI) WARD WARD PAGE TATE (AT WORK AT	WORK		1000			nt-t-	= 12.0	- 35			
	PAR. POR.		22a I certify tho	t I took chorg	ge of the remains de	scribed ob	ove, held on	Autopsy X.	Inspection	, Inquiry		and in my opini	on	
	NA PER		death resulted fro	m: Notu	rol couses 🖳	Accident	, Suic	ide . Hom	nicide .	Undetermined m	nonner [].		
	MAR.		ACTUAL TO		10	~ ~		TITLE ((SPECIFY)					
	* # # # #		ACTUAL SIGNATURE		14/1	Y		M.D. Ass	sistant	MEDICAL EXA	MINER	DATE SIGNED.	11/30	1/85
	NO.	1	EXAMINER'S NAM	E	~			Se Line						
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNKRAL DIRECT AFTER DEATH, WITH TI BALTIMORE, MARYLAI		(TYPE OR PRINT)	Gre	egory R. I					11 Penn	St.			
	- Wards	23a.81	URIAL CREMATION	REMOVAL				TERY OR CREMAT	TORY	Baltimo		COUNTY	S	TATE
07/84 25M	BP/724		JNERAL DIRECTOR		12-4-85	Gá	ardens o	of Faith	Int. c.ve-			Baltimo		ryland
	DHMH - 17		ward K.	Maca	MAG TAPPRES	7 7 2		M1	DATE R	EC'D. BY REGISTRA	AR 25b R	REGISTRAR'S SIG	MATURE	W.
	(VR A15 ME (5))	110	watu n.	MCCO	mas III	ADIT	igaon,	marylar	nd Lit	3 1981	3			



	1.	FOR			EPART		OF MARYLAN		YGUNE S	3 0	3 /	1
000109	1-	STATE REGISTRAR		MED	DICAL	EXAMINE	'S CERTIFIC	CATEO	F DEATH REG	. NO.		1
339109		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE KNOWN OF ESTI-	MONTH [X	DAY YEAR	R 26 HOUR
3 8 8 8 F. 3			Otis		L.		Harding		DEATH MATED		2819 8	
RY, PLE DIRECTO OUR FIL ON STRE	3. SEX	ale	black	5. DATE OF BIRTH	YEAR 06	6. AGE (IN YEARS LAST BIRTHDAY) 79 YRS.	MONTHS DAYS	HOURS	MIN. PRONOUNCED DEAD	MONTH	28 19 8	11.45
NECESSARY, PLEASE HUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON STREET,		RTHPLACE (5) REIGN COUNTRY) Ga	A1E OR	U S A	IAT COUI		MARRIED NE	VER MARRIE DIVORCE		_		MD
O STATE OF	10 C	TY OR TOWN		11 NAME OF HOST	CILITY, GIVE			TION	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE) Retired	(TYPE OF WORK	Silber	
21201 AND 31 FCOOL		TATE Md	IF IN NURSING HOME (OR OTHER INSTITUTION GIV	113c CITY	e BEFORE ADMISSION) Y OR TOWN timore	13d. INSIDE C	ITY LIMITS?	3800 W. Belv	edere		1215
SALTIMORE, MD. S AFTER DEATH GINE PAGES ITH FOR PAGES WISION OF THE		ATHER'S NAME		WIDDLE	Har	ding	F	er's maider zabet	NAME		Grime	es
IMO NO NO NO NO NO NO NO NO NO NO NO NO NO		VAS DECEASED	EVER IN U.S. AR	MED FORCES?		CIAL SECURITY N			ADDŖ	ESS	OI THE	-
JRS AFTER STEEP ON THE FORMULE FOR WITH FOR WITH FOR PAGES DIVISION		No			229	-10-0276	Robe	rta Ha	arding 3800 W	I. Belv	edere /	Ave
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ECORDS, BE EXECT INDING: AEDICAL AS A BUR ALTH ANI CREMATIC	NOI			CONTRIBUTING TO DEATH I					[] · a			
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	ICAI	190 DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPERAT	ON WAS PERFOR	MED?			20 AUTOPS	
ION OF VITECATE S THE WO TO THE CHOULD BE ARTMENT HOULD BE ARTMENT	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTION 214 INJURY CO WHILE	CCURRED	21b. TIME OF HOUR A.M. DEATH P.M. 21e PLACE C	MONTH	1 DAY YEAR 19 ((AT HOME,	THE LOCATION STREET	OCCURRED) (ENTER NATURE OF INJURY IN ITEA CITY OR TOWN	-0	YES C	NO X
MANER: THINGATE, WEEF FORWARD BE FORWARD BE FORWARD BE FORWARD BENTALL TORK PACIFICATION 2121		AT WORK	y that I took charg	ge of the remains descral causes XX,	Accident		TITLE (S	Inspection cide	Undetermined manner	ond in my op , DATE SIGNE	12/2/	185
TO MEDICAL I EXECUTE THE OPAGE 4 SHOU AFTER DEATH AFTER DEATH	730.0	EXAMINER'S (TYPE OR PRIN	NAME NT)	Margarita		orell, M	.D. ADDRESS_		Penn St. Bal	to.MD.		
07/84 BP	-(UNERAL DIREC		12/2/85	1000		Memoria	1	Baltimore	COUP		STATE MD
DHMH - 17 (VR A15 ME (5))		NAME		F/H West	4300	Wahash		UE			SIGNATURE CONTRACTOR	plate.



	1			E OF MARYLAND	0 0 3	08/8	3
	11-	FOR STATE		EALTH AND MENTAL H			
3100/11		REGISTRAR	MEDICAL EXAMINE	R'S CERTIFICATE C	OF DEATH REG. I	NO.	
OLUGIL		CEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN	XX MONTH DAY YEAR	26 HOUR
# W W 10 12 11	(11)	ANTHO	NY .	HARP		□ 11-1-85 ₁₀	
ACE SE	1.56			IF UNDER 1 YR. IF UNDER		MONTH DAY YEAR	2d HOUF
THE TO	-		ONTH DAY YEAR LAST BIRTHDAY	MONTHS DAYS HOURS	MIN PRONOUNCED		
80000	1	The Mace	1 28 63 2/ YRS	5.	DEAD	11-1-85 19	9:04
SEXESO A		RTHPLACE (STATE OR).	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR	IED K	OR COUNTY OF DEATH	
SASSE	V	allenso DI	1154	WIDOWED DIVORC		City	AAC
A STATE OF THE STA	10 €	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME,	OR OTHER INSTITUTION	120 USUAL OCCUPATION (T		JSINESS
100年	1	Baltimore 1	208 McCulloh Street		FOR MOST OF WORKING LIFE)	ORINDUST	
- BENEGO -	WSU	RESIDENCE (IF IN NURSING HOME OR OTI	MER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	٧)	KAUN	1618-	
29E28	Hila S	TATE 136 COUNTY	13c. CITY OR TOWN	138 INSIDE CITY LIMITS?	13e STREET ADDRESS		
# # 4 # # E	1	nd/	Dultten	YES NO			
ELSOB	14. F.	ATHER'S NAME	ODLE // LAST	IS MOTHER'S MAID	EN NAME WOOLE	LAST	
理解に致い		Daniel affect	T Flore	July	C- 6	Herrell	>
AND STATE	16a \	WAS DECEASED EVER IN U.S. ARMED		NO. 17 INFORMANT	en H ADDRE	55/	1
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70 /	Lukaon	W = 20 = B	acheres VIF	Table A Pag	2
一 公司をよう		18 CAUSE OF DEATH (Enter only on	ne cause per line far (a), (b), and (c).).		- Sarpi	APPROXIMATE	EINTERVAL
TS NOW			AUSE (0) Gunshot wound	te of chest an	d abdomen	BETWEEN ONSE	T AND DEATH
O MEGRES		IMMEDIATE C	DUE TO, OR AS A CONSEQUENCE OF		a abadilicit		
西 NA A PA A A A A A A A A A A A A A A A A		Canditians, if any, which	DOE TO, ON AS A CONSEGUENCE OF				
E SASSAN	-	gave rise to immediate	(b)				
W CONTROL		lying cause last.	DUE TO, OR AS A CONSEQUENCE OF				
# Example			(c)				
A MANAGER CO		PART 2 OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN PA	RT 1 (a).		
8 #9995	S	A CARLON OF THE					
AL M	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY	?
臣 王强王□○张	Ĭ	70 000				YES XX	NO 🗆
OF W THE C MENT TO BU	1 %	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 21	140 []
N SANGE	100	UNDERLYING XX OR	8'955PM MPITH1DAS5 YEAR	subject found	D LENTER NATURE OF INJURY IN ITEM	,	
S #DEHAD	MEDICAL	CONTRIBUTING CAUSE OF DEAT	21e PLACE OF INJURY (ATHOME.	211. LOCATION			
N CONTRACTOR	A	WHILE NOT WHILE TO	1st.fl.vestibule		Street TOWN Bal	Ifinowwiy Many	1 anstre
TARANA WES		WHILE NOT WHILE AT WORK	Ist. 11. vestibule	1208 MCCulton	Dallect Dal	timore, mary	lanu
S S S S S S S S S S S S S S S S S S S		the second secon	the remains described above, held an	Autopsy X: Inspectio	n , Inquiry ,	and in my apinian	
MOTOTES.		death resulted from: Natural co		The state of the s	Undetermined manner	l and in my applicati	
SET DE SET SET SET SET SET SET SET SET SET SE		A Latinaria	Accident E., Soile	-	Onderermined manner	1.	
202073		ACTUAL WOLLD	120000	TITLE (SPECIFY)	4	DATE 11-2-85	
2 EXXXX	1	SIGNATURE	June Jime		1 MEDICAL EXAMINER	SIGNED 1-4-05	
MEDICAL EXAMI ECUTE THE CRETIF GE 4 SHOULD BE FRUNERAL DIREC FIND SEATH, WITH	1	EXAMINER'S NAME Marg	arita A. Korell, M.D		enn Street		
TO MEDIC EXECUTE PAGE 4.5 TO PUNE AFTER DE BALTIMO	-	(TIPE OK PRIINT)		ADDRESS			
F W IV F C III	23a.8	URIAL, CREMATION, REMOVAL 236 D	PATE 231. NAME OF CEMI	TERY OR CREMATORY	23d LOCATION	COUNTY / ST	TATE
07/84 BP	-	Dunal	11 785 1 50 1	- prosicin	10000000	rellad	/
DHMH - 17	24. 8	NAME NAME	ADDRESS (250 RAFE	REC'D BY REGISTRAR 256 PREC	GISTRAR'S SIGNATURE	
(VR A15 ME (5))		Meller o	× m 4000 320	1 Julian 110	1 2 1900 Jun	ia Davidson-Ashdal	Re :
	THE REAL PROPERTY.						

Removal

Anatomy Board

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15. 4)

12/5/85

250 DATE REC'D. BY REGISTRAR 66 REGISTRAR'S SIGNATURE

REG. NO

MONTH

31

IF UNDER I YEAR

INDUSTRY

206. IF YES, WERE FINDINGS USED

COUNTY

YES T

IN CERTIFYING CAUSES OF DEATH?

10

26 HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

2 HOUPS

F UNDER 24 HRS

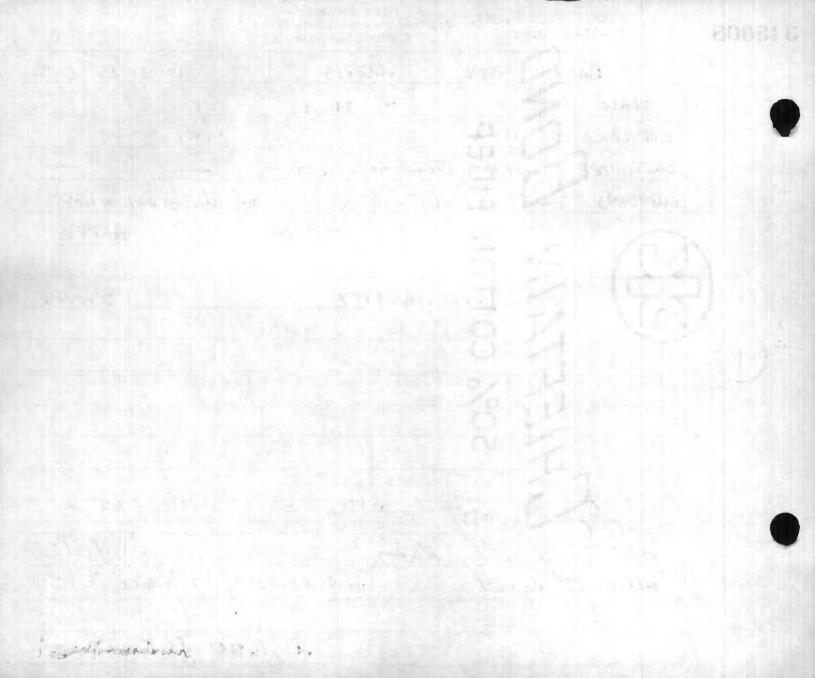
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Balto., Md.

22c DATE SIGNED

STATE

STATE



325118	/	FOR STATE REGISTRAR		CERTIF	E OF MARYLAND BEALTH AND MENTAL HYG BICATE OF DEATH	REG. NO.	0 3 8 0
noy be	I. DEC	CEASED NAME FIRST C	HARLES C.	HAF	LR15	11-15-85	DAY YEAR 26 HOUR
Page 4 mai	3, SE)	M	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death. Pa	M	RTHPLACE (STATE OR FOREIGN PRYLAND	U+ S. A.	WIDOW		BALTIMORE	
by the fulled with		BALTO.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 1626 E. 30	ADDRESS)	OR OTHER INSTITUTION	STA. ENGINEER.	12b. KIND OF BUSINESS OR INDUSTRY HOSPITAL
See	13a. S	MD.	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 130, CITY OR TOW BALTO	N	134. INSIDE CITY LIMITS?	13. STREET ADDRESS 30T	H ST. 21218
Lylis to		THER'S NAME FIRST WILLIA				OLA MIDDLE	LAST
be executed on ond s. Poge:	16a. V	VAS DECEASED EVER IN U.S. A	INE WAR OR DATES) 159-18-1	1372	4. Charles	R. Harris - 56	36 Leiden Rd
iron ST., BALT oth certificate be ending physicio e corbon popers. in, or removal. imotic event, the			nly one cause per line for (a) (b), one ED BY: ITE CAUSE (a) DUE TO, OR AS A CONSEQUE	An	rest Herry Dive	400	APPROXIMATE INTERVAL RETWEEN ONSE! AND DEATH TURNELISE ()
Using that the designed by the or please remove a burnal, cremotively, or other training.	7	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (c) After Sc CONDITIONS CONTRIBUTING TO 1	10051	,,]		20 years VEN IN PART TO
TALRECORD The law requirion. The has been s still permit. The grene prior to	CERTIFICATION	19a. DATE OF OPERATION	196. CONDINO FOR WHICH	OPERATIO		YES NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
DIVISION OF VIT AL RECORDS, ING PHYSICIAN: The law requir r otherding physician. Been sign os the buriol-transit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. MONTH DA	AY YEAR 19 ARM, ETC)	211. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18	COUNTY STATE
L OR ATTENDI the hospital or L DIRECTOR: A tached for use e Dept. of Heal			oital) attended the deceased from Oc teles 19 8 view the body after death.	75.0	DEGREE ATTENDING	death accurred on the date and hou	19 5, tho (I) (we) lost or and from the causes stated
TO HOSPITAL eroined by the TO FUNERAL should be det. with the Stote with the Stote MAPORTANT.			twocy		220 ADDRESS Johns H	1 - 1 -	ortol
BP		BURIAL BURIAL	1 1 10 0- 1		EMETERY OF CREMATORY	23d. LOCATION CITY OR TOWN BARTO,	ACOUNTY STATE
DHMH - 16 50M 4/82	20 /	NERAL DIRECTOR	- 7527 TE	Lad	Rd. 250. DAT	E REC'D. BY REGISTRAR 255 REGIS	RAR'S SIGNA WILL

RESELES 15 402 E 9791 - 57-4. Service of the second service of the second The trade of the state of the party of the state of the s

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

330132

FOR STATE

		REGISTRAR				CERTIF	CAIL	OF DE	AIR		REG. N	VO.				
9		EASED NAME	FIRST	A	MIDDLE	· ·	AST			20. DATE O	FDEATH	MONTH	DAY	YEAR	26 HOU	R
	{TYPE	OR PRINT)	HUBER	r W	1	HARR	IS			11.00		11	18	85	4:5	55рм
	3 SEX	(4 RACE	Lo. Out 1,2 k	5 DATE C				6 AGE IN	YEARS LAST B	RTHDAY)	IF UNDE		IF UNDER	
		Male		Bla	ck	11	2	22	22	6	3	YRS	MONTHS	DAYS	HOURS	MIN.
	70. BIF	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	_ [] , , ,	/CD ***	RRIED -	9 BALTIMO	RE CITY	OR COUN	Y OF DE	ATH		
0		orth Car		U.	S.A.	WIDOWE	· ·		ORCED [BALT	IMORE	CITY				MD.
	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER	INSTIT	UTION	170 USUAL		OF WORKING		KIND OF	F BUSINE	SSOR
4	BA	LTIMORE			AVEN VETE		ADMIN	IIST	RATION	Un	emplo	yed		OSTRI		
1	130 S	TATE	NURSING HOME OR		GIVE RESIDENCE BEFORE		t 13d INSI	DE CIT	Y LIMITS?	13e STREET	ADDRESS	/ ZIP COI	DE.			
9		ryland			Baltimo		YES [X	\ h	40 🗌	13e STREET 64	1 Pit	cher	Stre	et	212	17
	14 FA	THER'S NAME		WIDDLE	LAST		15. MOT	FIF	MAIDEN NAM	WE	WIDDLE			LAST		
0		John			Wright			Ros	a		J.				taque	
	160 W	AS DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFO			11/20	ADDR		liza		1, N.	J.
		YES	(# 123 01)	E WAR OR DATES!	243-18-8	3139	Wil	lia	m Wrig	ght 95	4 F1c	ra St	reet	. (0720	1
					line for ia , (b), and	dic	300			1			8	APPROXIMET WEEN C	MATE INTER	DEATH
		PARTI, DEAT	H WAS CAUSE IMMEDIAT	E CAUSE (0)	Card	opu	lme	na	01 /	tires	F					
				DUE TO, OF	R AS A CONSEQUE	NCE OF	0		amou				0			
		Conditions, if a		(b)	Defai	rate	7,3	R C/a	3m00	o (c	1101	4 0	-			
		couse (o), st	lating the	DUE TO, OF	R AS A CONSEQUE	NCE OF	0)								
		underlying co	ouse lost	(c)_	On	plan	yu									
	7	PART 2 OTHER S	GNIFICANT	CONDITIONS CO	NTRIBUTING TO	EATH BUT	NOT REL	ATED T	O THE TERM	IN AL DISEAS	EORCO	UDITION G	IVEN IN F	ART 110		
	CERTIFICATION															
9	ICA	190 DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATIO	NWASPE	ERFOR/	MED	200 AUT	OPSY?		ES, WERE			
	RTIF									YES 🗌	NO		YES 🗌		NO [
)		210. ACCIDENT WAS		1 216 TIME O	FINJURY M. MONTH DA	Y YEAR	21c HO) I NI W	JRY OCCURR	ED (ENTERN	ATURE OF INJ	URY IN ITEM 1	PART I OR	PART 2)		
1	CAL	(IF EITHER NOTIFY			м.	19										
	MEDICAL	21d INJURY OCC	URRED	21e PLACE C	OF INJURY	ARM FIC)	211 LOC	STREET	1		CITY OR I	OWN	COI	UNTY	5	TATE
	2.	WHILE NO	WORK													
		220.1 certify tho	t (Xthis hospi	tal) attended the	e deceased from_	NOVE	BER.	14	19_85	toN	OVEMB	ER 18	. 19	85	hot (X(ve) last
Z		saw the dec above, (X w	eased alive on e) (did) (didX	view the body	ER 18 19 the ofter death	_85 or	nd that in	(mX to	lur) opinion d	death accurr	ed on the o	dote and he	our and fr	om the c	ouses sto	ted
		776 SIGNATURE	1.17				DEGREE		TENIDING				22	DATE	HIGNED	-

3900 230 NAME OF CEMETERY OR CREMATORY Garrison Forest VA

22e ADDRESS

Loch Raven Blvd. Balt MD Owings Mills,

BURIAL 24 FUNERAL DIRECTOR

March Funeral Homes 1101 East North Avenue

11/22/85

236 DATE

Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been sign should be detached for use as the buriof-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu IMPORTANT. If hem 21 is morked or hem 18 shows ony

281008 Cardingularinary direct The thought of samuely Collect with munified in

STATE OF MARYLAND

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

333056	1.	REGISTRAR				CERTIF	ICATE OF	DEATH	REG.	NO.		
		CEASED NAME	FIRST	THE PERSON	MIDDLE	L.	AST		2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
poge 3			THELM	IA	К	H.	ARRIS		11- 2	23-85		9:300
ge 4 ma ector. pc rs after c	3 SE	F emal	e	4 RACE	ite	5. DATE O		1906	6 AGE (IN YEARS LAST	BIRTHDAY) YRS	MONTHS DAYS	R IF UNDER 24 HRS
nerol dir	7a. B Ma	IRTHPLACE (STATE OR I	OREIGN	76 CITIZEN OF	what country	? 8 MARRIEI WIDOWE		MARRIED	BALTIMORE CITY Balti			MD.
by the fu	1	ity or town of dea	ТН	(IF NOT IN SUC	HOSPITAL, NURS HEACILITY, GIVE STREE gnes Hos	T ADDRESS)	R OTHER INS	NOITUTIT	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Housewife	ATION IT OF WORKING LI	12b. KIND	OF BUSINESS OR
24 four	13a :	AL RESIDENCE (IF NURS STATE ryland	100 COUL	timore	13c. CITY OR TO Catonsv	WN	13d. INSIDE	CITY LIMITS?	13e.STREET ADDRESS	s / zip cob	E irt	21228
130	TA F	ATHER'S NAME James		MIDDLE	Murph	у	15. MOTHER	S MAIDEN NAM	ME		Hel	big
Poget L		NAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES? (E WAR OR DATES)	166 SOCIAL SEC 212-32-	VIII HE	17 INFORM Dor	is Bull		ress ame a	ıs # 13	
not the death certifica by the attending phys 35e remove carbonpop 1, cremotion, or remove other traumatic event,	201 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to immr couse (o), stofin underlying couse	which nediote g the	DUE TO, OI	R AS A CONSEO	JENCE OF ESTIV	7		PALLU	RE	ima	NAMATE INTERVAL NONSET AND DEATH NONSET AND DEATH NEDIATE
low requires the state of the s	CERTIFICATION	PART 2 OTHER SIGN METAS 7 190 DATE OF OPERA	ATIC	196. CONDI		ARCI	NO A	ORMED	INAL DISEASE OR CO	20b. IF YE	S, WERE FIND FYING CAUSE	NINGS USED
ATTENDING PHYSICIAN: The sospital or ottending physicion CCTOR, After this certificate hid for use as the burial-transit pt of Health and Avental Hygier to Health and Avental Hygier marked in from 18 shown 21 is mark	MEDICAL CER	21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. HNJURY OCCURI WHITE (IN OUT WAS ALL WOOD ALL	CAUSE OF DEA	HOUR A.	m, month i m.	19	21c. HOW II	ON	RED (ENTER NATURE OF IN		PARI I OR PART 2)	STATE
OK Dep The		22a I certify that (I) sow the decess above, (I) (we) (c	ed olive on	11-23	19_	85, on	DEGREE	ATTENDING	to	date and hou		, that (I) (we) lost e causes stated E SIGNED
TO HOSPITAL retoined by th TO FUNERAL should be deter with the Stote		22d PHYSICIAN'S NA EVE		OR PRINT)			22e ADDRE	SS	J AVE, P		MORE	,21229
BP	В	BURIAL, CREMATION, SPECIAL UTIAL		11/27	/85	Loudon	Park	CREMATORY Cemeter			COUNTY	Maryland
DHMH - 16 60M 7/B4 (VRA 15, 4)	Le 16	TO Edmonds	ussel on Av	1 C. Witenue, Ca	tzke Fun atonsvil	eral He	mes P	8A - NOV	2 5 1985	RISS REGIS	TRAR'S SIGNAL	TURE

ALLIE, VERNEY DATE ETS. THE STATE

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

REGISTRAR		CERTIFICATE OF D	EATH	REG. NO.		
I DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
Raum	ond Morgan	Harrison		November 4, 19	85	7:45A
3. SEX	4. RACE	5 DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		MONTH DAY	YEAR		MONTHS DATS	HOURS MIN.
MALE	WHITE	11 23	10	74 YRS		12.00
To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED MEVERA	AARRIED -	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
Maryland	U.S.A.	WIDOWED DI	VORCED	Baltimore Ci	tu	M
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INST	ITUTION	12a USUAL OCCUPATION		F BUSINESS OR

			and ocherar no.	opical	LOUGE OWIEL	pulipapers
5		NG HOME OR OTHER INSTITUTIO 13b COUNTY	n GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CO 2509 Brohawn A	
05	Marytand		partilibre	LES X	2009 DECHAWII F	1ve. Z1Z30
	14 FATHER'S NAME			15. MOTHER'S MAIDEN NA	AME	
	FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST
	Ira		Harrison	Ella		Buck

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Maruland Ceneral Mosni

166 SOCIAL SECURITY NO. (YES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Mary J. Harrison 2509 Brohawn Ave. 21230 215-05-5587 NO

PART I. DEATH WAS CAUSE	ly one couse per line for rot, (b), and rc ⁺⁺ D BY E CAUSE (a) Sepsis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH.
Conditions, if any, which	due to, or as a consequence of (Pneumonia	
gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	

190 DATE OF OPERATION	Senile dementia: Anemia 196 CONDITION FOR WHICH OPERATION WAS PERFORMED		20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
October 25, 85	Inability to eat		YES NO	YES	NO 🗆
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	(IN ITEM 18 PART OR PART 2)	
21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE

November 4 85 , and that in (mg/(our) opinion death occurred on the date and hour and from the couses stated sow the deceased alive on.

DEGREE 22c DATE SIGNED

Robert Liberto, M.D.

C/o Maruland General Hospital

TYPE OF WORK FOR MOST OF WORKING LIFE

INDUSTRY

BP_/2	(SPECIFY) Burial	11/6/85	Meadowridge	Mem. Pk.	Elkridge	Howard	Maryland
IMH - 16 60M 7/84	24 FUNERAL DIRECTOR		21220	250. DATE R	EC'D. BY REGISTRAR 251	REGISTRAR'S SIGN	ATURE

Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

DIVISION OF VITAL RECORDS,

FOR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DAY

YES [

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY

220 DATE SIGNED

YEAR

85

IF UNDER 1 YEAR

2h HOUR

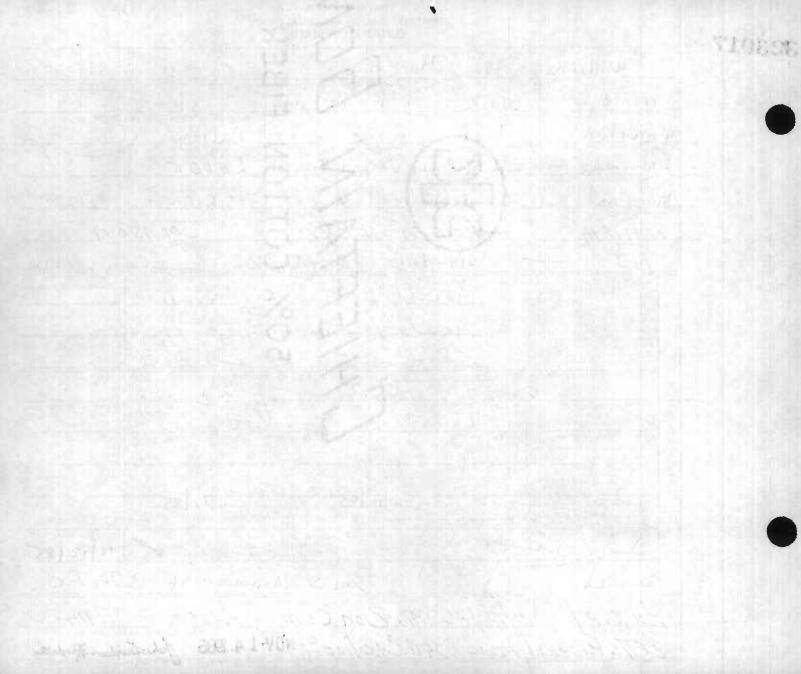
HOURS

126 KIND OF BUSINESS OR

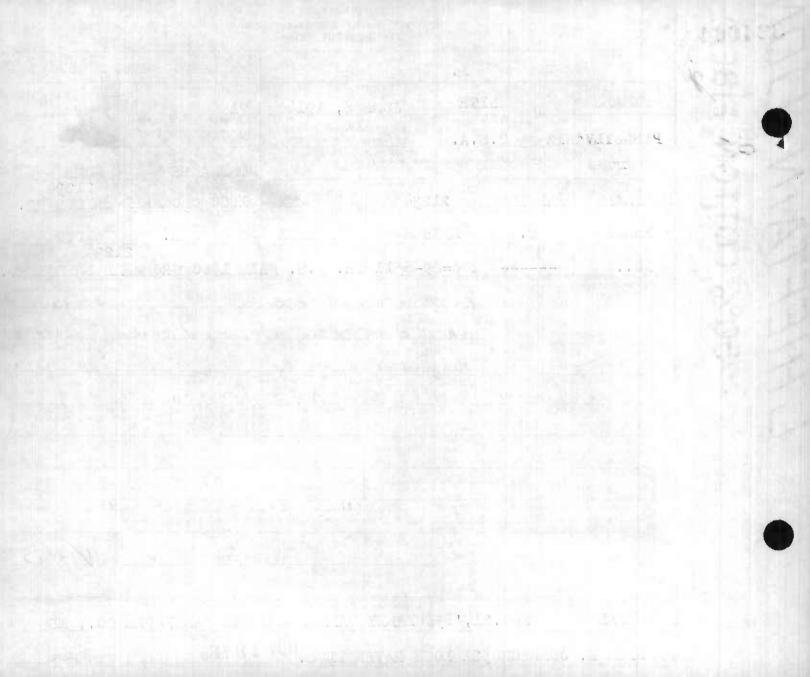
BETWEEN ONSET AND DEATH

340 AM

IF UNDER 24 HRS



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DIVISION OF VITAL RECORDS.

STATE OF MARYLAND

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the state of the said		

319178		FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	30899					
a) 60 £	1 DE	CEASED NAME WELL		Hariman	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR						
poge deor		WILLIA.		ARTMAN	11-	10-85 2:45PM					
4 9 P	3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.					
oge nurs o		Male	White	March 30,1912	73 YF						
June 72 hour 72 hour 72 hour	Ba	RTHPLACE (STATE OR FOREIGN COUNTRY) Itimore, Md.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City.						
by the fulled with		Baltimore	Mercy Hospi	tal	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR					
filled in hould be	130	Md. 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 131 CITY OR TOWN BALTIMO	/N 13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP C						
fed within		Philip	F. Hartman	Mary	WIDDLE	Abremski					
be executed the control of the contr		VAS DECEASED EVER IN U.S. AR YES, NO OR WIKNOWN) (IF YES GIV	MED FORCES? 166 SOCIAL SECULAR	JRITY NO. 17 INFORMANT Balt 2936 William S.	imore, ADDRESS A Hartman-551	ld. 21206. 14 Daywalt Ave.					
Throate			Ily ane cause per line for (a), (b), an D BY (E CAUSE (a) A CUTE	CAN DIO VASCULAI	1 COLLAPSE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
hat the death co		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF A CUTE REARL FAILURE DUE TO, OR AS A CONSEQUENCE OF A CUTE REARL FAILURE									
n signed Then ple to burio	NOI		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM - SMALL MYOCARDINE	INAL DISEASE OR CONDITION						
the law right. hos bee it permit the prior prior prior prior prior prior prior prior pows any	FICAT	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO					
og physic certificate rial-trans ental Hyg frem 18 st	CAL CERT	710. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	331	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)					
other this of the bulk ond M. bulk ond M. briked or	MEDICAL	218 INJURY OCCURRED WHILE OCT WHILE OF AT WORK	21e PLACE OF INJURY (AT MOME STREET FACTORY OFFICE F	ARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE					
spital or CTOR A I for use of Health			tal) attended the deceased fram	95 , and that in (my) (opinion o	death accurred an the date and	. 19 5 , that (I) (w) last hour and fram the causes stated					
by the ho ERAL DIRE e detached State Dept ANT. If hem		224 SIGNATURE 224 PHYSICIAN'S NAME (TYPEO	Notarangel	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	11-11-1985					
should b		JOSEPH P. 1	VOTARANGELO	M. N. 301 ST. PA	UL PLACE - B	BALTIMONE 21202					
BP		Burial Burial		NAME OF CEMETERY OR CREMATORY Cred Heart of J	23d LOCATION CITY OR TOWN	COUNTY					
DHMH - 16 60M 7/84 (VRA 15, 4)	30		A. Moran, Incore St.; Balti	Funeral Hone pare more, Md. 21224 No	E REC'D. BY REGISTRAR 256 BECON 12 1985	STRADS SIGNATURE					

831018 VERTER A TRANSPORT And the state of t IS NOW SERVICE A SS X ST CLIMB THE AND Administration of the state of DO THE SE WALLES AND A STREET OF THE PARTY O The I things against the total transfer and the land

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.

322127	1.	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
e et ly		CEASED NAME FIRST GEORGENINI) GERA	rude (Flizabeth	Ha	tnett	20. DATE OF	rember	12,	1985	2:30 A.	
ge 4 may	3. SE	Female	1 RACE Whi	te	S. DATE C	77 YE 98		EARS LAST BIRTH(YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS	
neral dire	Jo. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	·A.		NEVER MARRIED		OF DEATH	MD.			
s after d by the fu iled with	10 0	Baltimore				edical Center		120 USUAL OCCUPATION (17PROF WORK FOR MOST OF WORKING LIFE)			sework	
4 hours	130	STATE 13b COL	DR OTHER INSTITUTION				3910	13. STREET ADDRESS / ZIP GODE			eet 21224	
EXCEPTION OF THE PROPERTY OF T	14 F	James	PODLE	· Clisham		15. MOTHER'S MAIDEN		rlotte	2	Hartley		
on P		WAS DECEASED EVER IN U.S. A	RMED FORCES?	216-42-7		James 7. H	lartnett	In 3	910 H	ludson _	St. 21224	
physicia an paper emoval.	1	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse po ED BY ATE CAUSE (a)	d cul	d d	yodara	had ii	- (ars	et-	BETO SEN	ONSET AND DEATH	
deoth ce ottending ove carb ition, ar r		Conditions, if any, which	DUE TO. (OR AS A CONSEQUE	NCE OF	ed Drel	runic	Her	1	he	ws.	
that the d by the lease rem	K	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, (OR AS A CONSEQUE	NCE OF		dise	ne		0		
equires n signe Then p r to bur injury,	NOI	PART 2. OTHER SIGNIFICANT	Kiac	- ar	yfl	unia.						
on. he law on. repermit	CERTIFICATION	19a, DATE OF OPERATION		DITION FOR WHICH	ORTRATIO	5.000	YES [NO	IN CERTIF			
SICIAN T ng physici certificate certificate ental Hygi item 18 sh		21a: ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY A.M. MONTH DA P.M.	YEAR	21c HOW INJURY OCC	CURRED (ENTER NA	TURE OF INJURY	IN ITEM 18 P	ART I OR PART 2)		
orked or A	MEDICAL	21d INJURY OCCURRED WHITE NOT WHITE AT WORK		OF INJURY TREET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET		CITY OR TOWN	١	COUNTY	STATE	
Spirol or CTOR A Afor use of Heal		sow the deceased plive a above (1) (we) (did) (did r			, or	ed that in (my) (our) opin	non death accurre	d on the date		and Irom the		
TAL OR by the howy the how the DIRE detached tote Dept. If Hear		THE SIGNATURE	in	·c d'			G MEDICAL DIRECTOR	STAFF PHYSICIA		22c. DATE	SIGNED	
TO HOSPITAL retoined by the TO FUNERAL should be determined the Store with the Store		PA CI GO	OR PRINT)	PATRI	40	22e ADDRESS				ds.L		
BP		BURIAL, CREMATION, REMOVA [SPECIFY] Burial			1.4	emetery or cremator	Be	il timo	re C	ity, M	d. STATE	
DHMH - 16 60M 7/B4 (VRA 15, 4)	_	harles S.Zeiles	& Son.	Inc. 901	S.Con		DATE RECID. BY F	1985 1985	REGISTI	RAR'S SIGNAT	TURE	

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CONTRACTOR SERVICES

11-15-5 (2) Alexand

DEI	CERTIFICATE OF DEATH	REG. NO.		
l E	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	HARVEY	November 19	. 1985	4 A.
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
,	MONTH DAY YEAR	92	MONTHS DAYS	HOURS MIN

1 DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TITE OR PRINT)	SOPH:	IA E.	HARVEY	November 19,	1985	4A
3 SEX		4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24
Female		White	Apr. 12, 1893	92 YRS	MONTHS DAYS	HOURS
	E OR FOREIGN	16 CITIZEN OF WHAT COUR	NTRY? 8	9. BALTIMORE CITY OR COUNTY	OF DEATH	
Scotlar	nd	Scotland	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C	ity	
10 CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	JURSING HOME OR OTHER INSTITUTION E STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND O	F BUSINESS

Baltimore Long Green Nursing Home Homemaker Own Home TUSUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE
113b. COLINTY 13e.STREET ADDRESS / ZIP CODE 3838 Roland Ave., 13d INSIDE CITY LIMITS? 21211 MD Balto. YES X NO 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Edmond James Harvey Jane

ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 212 30 1373 Lindsay, Balto., MD No James

APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR-CONTRIBUTING CAUSE OF DEATH

I IF EITHER NOTIFY MEDICAL EXAMINER P.M

21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM, ETC) NOT WHILE

220 I certify that (1) (this haspital) attended the deceased from saw the deceased alive an apinian death accurred on the date and have and from the causes stated

226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN

22e ADDRESS Dr. Norman R. Freeman. Jr., MD 4300 N. Charles St., Balto., MD

230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) STATE MD Pikesville, Druid Ridge 11/21/85 Burial

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE and rend in or flyings the 21212

DIRECTOR PHYSICIAN

COUNTY

STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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EHARY E. E. E. HARVEY YEVEN AND MARKET MARKE Table 12, Tues alitiment ditte saltimore to a seen furning home. Homerstein from Home Ealto. ... va Engle Holans Av., Etali crab CV 212 30 1878 July and Lindson, Beller, Miles

and a more than the sone Co.

Learny M. Janes L. Sone Co.

Learny M. Janes L. Janes

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 339142 REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH TYPE OR PRINTE Edward Nevember 30. 1985 C. Haupt 3 SEX 4 RACE A. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR Male White 3 21 BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA DIVORCED T Baltimore City Y OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 21201 ITYPE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY Baltimere Retired Maryland General SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 3a STAIF COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore Maryland Cockevsville 14244 Cuba Road 21030 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE Joseph R. Haupt Erma Pfeiffer a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT YES NO OR UNKNOWN YES GIVE WAR OR DATES! 212-18-7394 Clara Haupt 14244 Cuba Road 21030 WW II APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for to , (b), and ic PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Cardiopulmonary arrest DUE TO OR AS A CONSEQUENCE OF atherescleretic cardiovascular disease couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lie Diabetes Mellitus 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ambutation November 25.1905 Osteomyelitis NOF 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE FARM ETC 1 NOT WHILE November 11 220 I certify that (1) (this haspital) attended the deceased from saw the deceased alive on November 30 85 above, Kiwel (did XXXII) view the body after death. and that in () (our) opinion death occurred on the date and hour and from the couses stated SHE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 278 ADDRESS MALOUS % c/o Maryland General Hospital 23a BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 234 LOCATION (SPECIFY) Burial 12/3/85 Druid Ridge Cemetery Pikesville Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 in worm Handell DEC A. Alan Seitz, Jr. 3818 Roland Ave. 21211 (VRA 15, 4)

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Carrier William Land Bridge

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTII	ICAIE OF DEATH	REG. NO.	and the second of the second
1 DECEASED NAME FIRST	MIDDLE		LAST		DAY YEAR 26 HOUR
LOTTI	E MAE	HAYN	ES	NOVEMBER 24	1. 1985 M
3 SEX	4 RACE	5. DATE		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
FEmale	Black	2		79 YRS	MONTHS BASS MOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Georgia	U.S.A.	WIDOW	V	BALTIMORE CI	ITY, MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	REET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY
BALTIMORE	622 CATOR	AVENU	_		
13a STATE 13b COU	NTY 13c CITY OR TO		136 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 522 Cator Av	venue 21218
14 FATHER'S NAME			15 MOTHER'S MAIDEN NA		
Robert	Early		Lizzie	WIDDLE	Jones
166 WAS DECEASED EVER IN U.S. AL	DIE WAR OR DATES		17 INFORMANT	ADDRESS	
Unknown	N/	A	Velma Buck	cson 522 Cator	Avenue
18 CAUSE OF DEATH (Enter o	nly ane cause per line for ia), (b),	, and is			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS		outhon.	in priest	of home	permediate
	DUE TO, OR AS A CONSE	OUENCE OF			
Canditions, if any, which		Gestin	heart fa	ilian	46,000
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF			
underlying cause last.	10 Cords	6 Cry : 051	thy		Electric Prince
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION GIV	EN IN PART 1 a
6 cmphesemp	strial fib	11/lat.	ion steed	annea mushi	d obsite
M 190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
ON PARSE MA 1196 DATE OF OPERATION			CHEST LITERAL		S NO
an continuous of cause of he	110110 1 11 11011011	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	AIR	19			
₹	218 PLACE OF INJURY	CE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK NOT WHILE AT WORK	, acrown only				

23a. BURIAL,

BURIAL

morked or Item 18 sha

If hem 21 is

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR. MPORTANT. BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

22a I certify that (1) (this haspital) attended the deceased fram_

saw the deceased abre on Octor II above (1) we) (did (did not) view the body after death

22e ADDRESS

MEDICAL

DIRECTOR PHYSICIAN

DEGREE

ATTENDING PHYSICIAN

no 21

220 DATE SIGNED

230 NAME OF CEMETERY OR CREMATORY King Memorial

Randallstown; ark

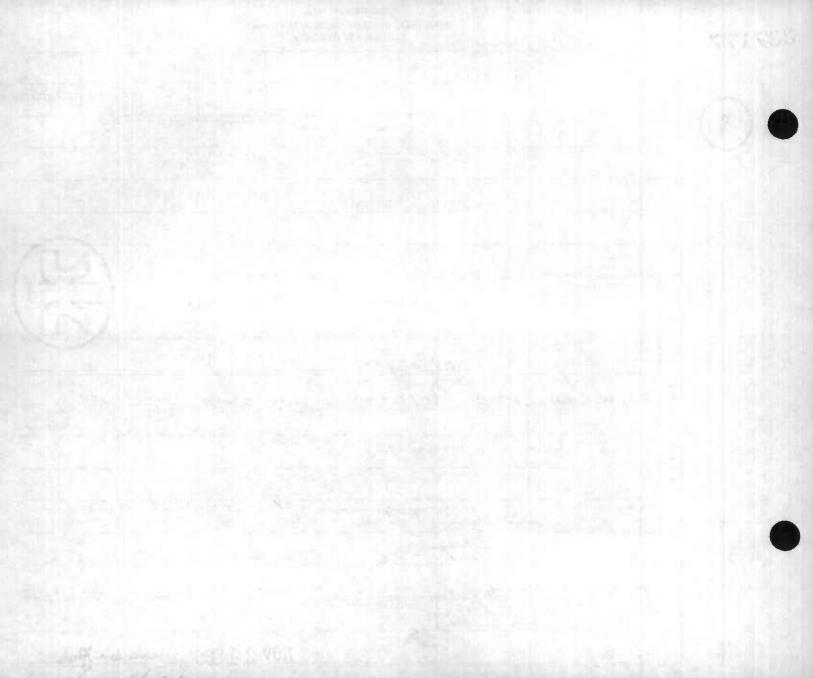
Maria

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

MD.

24 FUNERAL DIRECTOR

Funeral Homes 1101 North Ave.



o	2	,	-	e
deformed by the hospitol or offending physicion.	TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physician area to	should be detoched for use as the buriol-transit permit. Then please remove corban papers. Professional	with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal	
P_				

1	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HY	GIENE 3	REG. NO.	303	9 6
	DECEASED NAME FIRST	MID	DLE		AST	4.4	20. DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
17	HERBE	RT 1		H	EALY	SR.	111/20	185		1045
3.	SEX	4 RACE		5. DATE O	FBIRTH	12 1 11 11	6. AGE TINYEA	RS LAST BIRTHDAY	MONTHS DAYS	F UNDER 24 HI
	MALE	White	2	MONTH	9	1896	89	Y	RS.	HOURS MI
5	BIRTHPLACE ISTATE OF FOREIGN COLMIRY) Maryland	U.S.A.		MARRIED		MARRIED .	Balti	more. C	ity	
7	Baltimore		Hospita	TDDRESS)	ROTHER INS	STITUTION	120 USUAL OC (TYPE OF WORK F	CUPATION or most of working C&S	INDUSTRY	OF BUSINESS (
5 13	Md.		VE RESIDENCE BEFORE RECITY OR TOW Baltim	'N	YES 🗔	CITY LIMITS?	4105	DORESS / ZIP O	Car 1 6	206
114	FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER	'S MAIDEN NA		MIDDLE	LA	AST
G.			lealy			Laura		ADDRESS		30 - 40
160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) IF YES, G	IVE WAR OR DATES	213-01-		17 INFORM	ra King		4105 Ma	rx Ave.	CETTE
NOTA DISTRIBUTION	Conditions, if ony, which gove rise to immediate couse io), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR A DUE TO, OR A DUE TO, OR A (c) CONDITIONS CON	AS A CONSEQUI	ENCE OF ENCE OF DEATH BUT	ASE	D TO THE TERM	MINAL DISEASE			
7							YES 🗌	NO IN C	PES CAUSE	
WEDICAL CE		HOUR A.M.	MONTH D	AY YEAR			RED (ENTER NATU	RE OF INJURY IN ITE	M IS PART I OR PART 2)	1
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY T, FACTORY, OFFICE F	ARM ETC)	21f LOCAT			CITY OR TOWN	COUNTY	STATE
	220.1 certify that of this has sow the deceased alive a obove (11) certified (city) 22b. SIGNATURE	0 11/20	19		d that in my	ATTENDING	death occurred MEDICAL DIRECTOR	STAFF	hour and from the	that & @ e couses stated E SIGNED
	220 PHYSICIAN'S NAME (14PE	ORPRINT) MASON			1220 ADDRE				ACE, BAL	TIMORE
23	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	11-23-8			METERY OR	CREMATORY	23d LOCAT		СОИНУ	STATE
24	FUNERAL DIRECTOR NAME Leonard J. Rue	ele. Inc	ADDRESS 5305 Har				TE REC'D BY RECOVER 2 1	SISTRAR 256. RE	GISTRAR'S SIGNA	TURE , whole

DHMH - 16 60M 7/84 (VRA 15, 4)

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CSA CC TOTAL FOR AND STORY IN THE PORT AND STORY IN LITERAL				
			Today of the State	



010100	1 -	STATE REGISTRAR	DEPAK		CATE OF DEATH	REG. NO.				
319182		EASED NAME FIRST	WIDDLE	L/	ST		MONTH DAY	YEAR	2h HOUR	
yy be	(TYPE)	MARY	T.	HE	16ER		11-9	- 85	850 AM	
Po do	3. SEX		4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS	
s of		FEMALE	CAUCASIAN	MONTH	7 1906	79	YRS	VIHS DAYS	HOURS MIN.	
Pour dire		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED		9 BALTIMORE CITY C	R COUNTY O	FDEATH		
in 72		MD.	USA	WIDOWE		BALTMORE	CITY		MD.	
s ofter d	10 CI	BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE MERCY HOSE	T ADDRESS)	ROTHER INSTITUTION	126 USUAL OCCUPAT 11YPE OF WORK FOR MOST OF HOMEMAKI	F WORKING LIFE)	126 KIND O INDUSTRY	F BUSINESS OR	
t hour	USUA 130 S	L RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		THE S		
in 24 y fille should		MD.	BALTIN	ORE	YES X NO [CHOLA	S AVE	E. 2120	
i with	100	THER'S NAME FIRST	BALLANT	INTE	CLARA	WIDDIE	ELL	C Z	UNDERS	
Com			BALLANT'		17 INFORMANT	ADDRI		S.F.	TONDENS	
			213-07-			GER (SON)	5201			
partitione	8		nly one cause per line for 101, (b), of CARD TE CAUSE (0)	AC/	ZESPIRATORY	MRREST		BETWEEN	MATE INTERVAL DISET AND DEATH	
e death ce offerent move ont troun are		Conditions, if any, which gove rise to immediate	DUE TO, ORAS A CONSEQ	VENCE OF	COLON	CANCE	R	5	months	
that the deby the lease re rol. crer		cause ial, stating the underlying cause last	DUE TO, OR AS A CONSEQ							
equires an signe Then p in to bur	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM		DITION GIVEN	IN PART 11		
he law on. has been to be prior one prior one prior one prior one prior one prior one	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	N WAS PERFORMED	YES NO	206. IF YES, V IN CERTIFY IF YES		OF DEATH?	
CIAN: II g physical profitcate of fransil		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)		
The bur ond Me	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC)	21f LOCATION STREET	CITY OF TO	IWN	COUNTY	STATE	
INTENDING		22a.1 certify that (1) (this hosp saw the deceased alive ar	ital) attended the deceased from	0-1	d that in (my) (aur) apinian	todeath accurred on the d	ate and have a		that (1) (we) last	
AL OR A to the hor AL DIREC detached ate Dept		226 SIGNATURI LASSA	2	M	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	9-85	
retained by TO FUNERA should be dwith the Sta		SHAWN	CASSABY		MERCY	HOSPITAL				
		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE	
BP	04.5	BURIAL			IS OF FAITH	BALTIM		BIC CLCLI T	MD.	
DHMH - 16 60M 7/B4	24 FU	NASCH PMUNEK	FUNERAL HOME	, INC		REC'D. BY REGISTRAR	250 REGISTRA	R'S SIGNAT	Small .	
(VRA 15, 4)		3331 Brehms	Lane, Balto	. Md.	21213	1 E 1500	1			

			FOR			DEPART			MARYLAI H AND M		VGIENE	5	3 8	3 8	9	9
21	13010	1-	STATE REGISTRAR						CERTIFI			H .	EG. NO.			3
U s	EGOTO	1 DE	CEASED NAME	FIRST		WIDDIE			LAST		20	DATE KNO	WN MO	INTH DA	Y YEAR	2b HOU
	38 8. 8. 8. F.	(TYP	E OR PRINT)	Owen					Hende	reon		OF EST	ED X	11 1	319 85	
	PEA TREE	3 SEX	(4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN		JNDER 1 YR.	IF UNDER			MOM	VTH DA	Y YEAR	2d HOU
	DIRE DUR DN S	1	Male	White	7 12	37	48	YRS.	THS DAYS	HOURS	MIN, PF	RONOUNCED		11 1	7 19 85	10:0
	B CETTIN Y ALL	7a Bi	RTHPLACE (ST	ATE OR	76 CITIZEN OF W	HAT COU	NTRY?	8 MAR	RIED NE	VER MARR	IED 9	BALTIMORE	CITY OR CO	O YTHU	DEATH	
	FINE NECESSARY, PLEASE HE FUNERAL DIRECTOR. GE & FOR YOUR FILES. LED, WITHIN 72 HOURS OI W. PRESTON STREET.				U.S.				WED 🗆	DIVORC		Balt	imore	City	,	M
1	THE FANY DELAY IS NO. 1, 2, AND 3 TO THE FURNAL SECTION PAGE 5. DESCRIPTION OF THE PROPERTY OF	10 CI	ITY OR TOWN	OF DEATH	11. NAME OF HO	ACILITY, GIVE	STREET ADDRESS	5)		MOIT	12a USUA FOR MO	L OCCUPATIO	N (TYPE OF WI	ORK 12b	KIND OF BU OR INDUSTR	SINESS
1	O C 28 FILE		ltimore		3635 Greenmount Avenue			ae		Car	penter		(:	S.S.I.	.)	
21201	ANNY CANNY C		TATE	13b COUN		13c. CIT	Y OR TOWN		13d. 14510E	CITY LIMITS?	13e STREE	TADDRESS				
	A S S S S S S S S S S S S S S S S S S S		Md.			E	Balto.		YES	NO 🗌		5 Green	nmount	Ave	. 212	218
. MC	A SA SA	14. F/	ATHER'S NAME		MIDDLE		LAST		15 MOTH	ER'S MAIDE	ENNAME	MIDDLE			LAST	
ORE	FTER DEATH. FORM PM SES 1 AND 2 SION OF VILL	14a V	VAC DECE ACET	EVER IN U.S. AR	AED CORCESS	145.50	CIAL SECUR	UTV NO	17. INFOR	AA A NIT		AD	DRESS			
WILL		{ Y	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)				17. 11.41 OK			~~	DÝC22			
¥	NURS AFT 1B. GIVE WITH F III. PAGE	=		E DEATH / Salar an	ly ane couse per line		36-3	203							APPROXIMATE	INTERVAL
ST.	J		PARTIDE		BY: TE CAUSE (o) Ar			otic	cardi	2772661	ilar d	di coaco		81	ETWEEN ONSET	AND DEAT
TO	2 E O E O S			IMMEDIA	DUE TO, OF				Caran	ovasci	ulai C	ITSCASE				
PRES				ns, if any, which	(b)											
*	> Z ≥ E Z S		cause (a)	stoting the under-	DUE TO, OF	AS A CO	NSEQUENC	E OF								
201	XECUTED JG" IN PI ZAL EXA BURIAL AND ME VATION, 0		lying cau	se last.	(c)											
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	ULID BE EXECUTED "PENDING" IN PI EF MEDICAL EXA SED AS A BURIAL- HEALTH AND ME AL, CREMATION, (_	PART 2 DTHER SIG	GNIFICANT CONDITIONS	CONTRIRUTING TO DEATH	BUT NOT REL	ATED TO THE TE	RMINAL DISE	ASE OR CONDITIO	ON GIVEN IN PA	RT 1 ia i					10.0
FCO	D BE EXE ENDING MEDICA AS A BU CREMA	CERTIFICATION	19a DATE OF	OBERATION	Tree covers		1.0000000000000000000000000000000000000	50.471011		211500						
N. N.	SHOULD ORD "PE CHIEF A CHIEF A LI OF HE USED A LI OF HE UNRIAL, OUR I'M.	N S	190 DATE OF	OPERATION	196 COND1	HONFOR	WHICH OP	ERATION	WAS PERFOR	KWED?				20	AUTOPSY?	
7	MORD MORD NI OF BURE	E	71a EXTERNA	L CAUSE WAS	1216. TIME O	FINILIRY		1214	HOW IN ILIP	COCCUPPE	D JENTER NA	TURE OF INJURY IN	ITEM IS SAUT 1	08.04.07.2)	YES [ио Х
Ō	CERTIFICATE SHITING THE WORD DED TO THE CY E 3 SHOULD BE IS E OFFARTMENT OF THE CY IN PRIOR TO BUS		UNDERLYING	OR	HOUR A.A	A. MONTH	DAY YE		110 11 111 111	OCCURRE	D TENTER IVA	TORE OF HAJORI HA	HEM ID PART I	OR PART 2)		
Sio	ERTIFIC ING TH S SHOU EPART PRIOR	MEDICAL	21d INJURY C	NG CAUSE OF I	21e PLACE	OF INJURY	Y (AT HOME,	211 L	OCATION							
DIV.	の伝承単語的	ME	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM,	ETC.)		STREET			CITY OR TOWN		COUNTY		STATE
	E, WRITE RWARD PAGE: PAGE: STATE (), 21201		0.0000000000000000000000000000000000000	HANDERS AND THE		<u> </u>		1			4		-			
	AND AND AND		200 mm (4)		e of the remains de	ribed ab	ove, held an	Auto	psy L.	Inspection		Inquiry .	and in m	ny apinion		
	EXAMIN CERTIFIC JID BE F DIRECTO WITH TI		death results	1 1	provies LX	ACIPED	FIC	Suicipe L	Homi	SPECIFY)	Undeteri	mined monner	L.			
	MACHE CONTRACTOR		ACTUAL SIGNATURE	10	BROW	1	MA	(1			ni evenic	AL EXAMINER	D	ATE	11/17	/85
	DEAT SHE TO SEAT OF SHE	1		10	240	V	1	J			TOTOR	AL EXAMINER	31	GINED		
	TO MEDICAL EXAMINI EXECUTE THE CERTIFIC BYOUR BE FOUNERAL DIRECTO AFTER DEATH, WITH ITH BALTIMORE, MARYLAN		EXAMINER'S	NAME Th	omas D. S	mith,	M.D.		_ADDRESS_	111 E	Penn S	St. Ba	lto.MD).		
	DAY DAY	23a.B	SPEC (FY)	TION, REMOVAL 2			NAME OF C	EMETERY	OR CREMAT	ORY	23d LOC CITY OR	ATION		COUNTY	ST	ATE
07/84 25M	BP			moval	11/26/85											
2 3/4/	DHMH - 17	74 F	UNERAL DIREC		ADDRESS	S	D = 1 + =	h#		DEC.C	TS W	GGISTRAR 79	REGISTRA	R'S SIGN	JURE	
	(VR A15 ME (5))		An	atomy Bo	ard		Balto	· , MC	1.			0	2		8	

DIVISION OF VITAL RECORDS.

MIX DE ELL LABORE

director page 3 hours after death

should be detached for use with the State Dept of Hea IMPORTANT: If Item 2] is n

BP.

INC

DHMH - 16 60M 7/84

(VRA 15, 4)

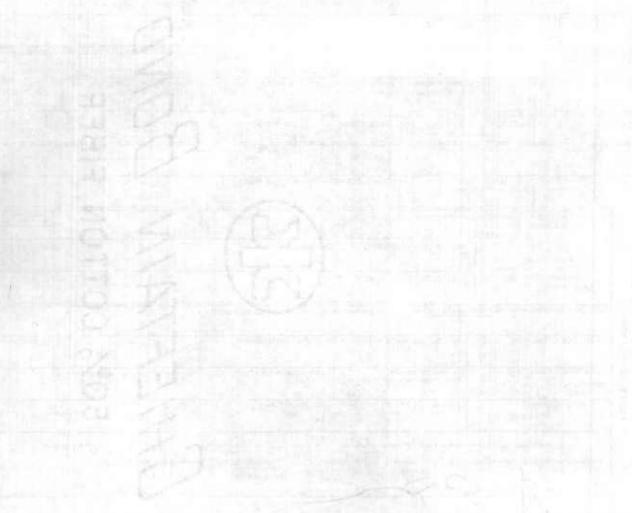
BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CEKIT	ICATE OF DEATH		REG. N	10.			
J	1. DEC	CEASED NAME FIRST	1	AIDDLE	l	AST	20	DATE OF DEATH		YEAR	26. HOUR	
	TYPE	EDWA	RD	н	ENRY		N	OVEMBER 1	5 1095		2:07	A 44
1	3. SEX	X	4. RACE		5. DATE C	OF BIRTH		AGE (IN YEARS LAST B		UNDER 1 YEAR	IF UNDER 24	J HRS
	M	Male	VAJ.	hite	монтн		20	76		VINS DAYS	HQURS	MIN.
1	_	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	Dec		_ 9	BALTIMORE CITY	YRS OR COUNTY O	FDEATH		-
)	C	COUNTRY)				D X NEVER MARRIED	7					
		ennsylvania	USA	HOSPITAL NURSIN	WIDOWE G HOME C	DIVORCED OR OTHER INSTITUTION		BALTIMORE OUTPA		126 KIND C	OF BUSINES	MD.
2	BA	LTIMORE	THE JO	HNS HOPKI	NS HC		(1	Retired	OF WORKING LIFE)	industry nlene	~ .	-
2	130 S	at residence (if nurs in one of the state aryland Ba	MIN.	GIVE RESIDENCE BEFORE 130. CITY OR TOWN Edgeine	V	13d Inside City Limits Yes Nox		street Address 608 Bra	/ ZIP CODE nnon A	ve. 2	21219)
5		THER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE		LAS	7	-
A	T.	homas		Henr	У	Mary		Middle		Henr		
1	16a W	VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDR	RESS		2121	9
		yes no grunknown) (IF YES, GI	VE WAR OR DATES)	218-01-	4686	Elizabet	h H	enry 26	08 Bra:	nnon	Ave.	
ı	NO.	18 CAUSE OF DEATH (Enter o	nly one cause per	line for rat, (b , and	Lien						MATE INTERV	AL
d	161	PART I. DEATH WAS CAUS	TE CAUSE (a)	Cardia	^	west				0 -	451	ケノル
4	80	UVUVICO III		AS A CONSTOUR	NCE OF							
		Conditions, if ony, which	DUE 10, OI	as a conseque		en diseen						
		gove rise to immediate cause (a), stating the) (0)_	-		3						
5	14.	underlying cause last	DUE TO, OF	R AS A CONSEQUE	NCE OF							
1		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NIRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	TERMINA	AL DISEASE OR COL	ADITION GIVEN	IN PART 1	0	
,	NO	Respirator	tra A	Piciency								
1	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	1	200 AUTOPSY?	20b. IF YES, V			_
	TEK	09 29 85	Cor	art. d	seour		100	YES I NOTA	IN CERTIFYIN	NG CAUSES	OF DEATH	3
	CER	210 ACCIDENT WAS UNDERLYING	216. TIME O			21c HOW INJURY OCC	CURRED	(ENTER NATURE OF INJ		T OR PART 2)		_
Н	AL	OR CONTRIBUTING CAUSE OF DE	AITH	M. MONTH DA	Y YEAR							
	MEDICAL	214 INJURY OCCURRED	21e PLACE		17	211 LOCATION	-					
1	¥	WHILE NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY, OFFICE, FA	RM ETC)	STREET		CITY OR TO	OWN	COUNTY	STA	TE
ı		22a.1 certify that A (this hosp	ital) ottended the	e deceased fram	09/	22 10 8	25	10 11	15 10	85	that : (we	a) Inst
H		saw the deceased alive as	. 11 . 1	5 108		nd that in (my) (our) opin	nian dea	th accurred on the c	dote and hour a			.,
1		abave, (1) (was (did) (did as 22b. SIGNATURE	wiew the bady	alter death.		DEGREE				22¢ DATE	SIGNED	_
		111	ref_			MD ATTENDING	IG _ /	MEDICAL STA	AFF TO	111.	15.85	,
-		22d PHYSICIAN'S NAME (TYPE)	OR PRINT)	1-		PHYSICIAN 220 ADDRESS	N L	PHYSI	CIAN	1		_
		mels of l	inscho	ten		JHA	H					
1	23a B	SURIAL, CREMATION, REMOVAL	236 DATE	23¢ N	AME OF C	EMETERY OR CREMATOL	DRY	23d LOCATION		0		
	(:	Byrial	11/18	3/85 Oa	k La	wn Cemete	rv	Ba	Itimor	OUNTY MC	STA	il E
	24 FU	JNERAL DIRECTOR		-			DATE RE	C'D. BY REGISTRA		R'S SIGNAT	URE	
	C	onnelly Fune	ral Hor	ne of Du	ndal	k	NO	V 1.9 198	5	SAR PE	- Andrew	EL.

			FOR		D	STA EPARTMENT OF	TE OF MA		YGIENE 5	3	0	9	0	1
-	*2007		STATE REGISTRAR		MED	ICAL EXAMIN	IER'S CE	RTIFICATE C	F DEATH	REG. NO.				
3	13007		CEASED NAM	E FIRST		WIDDIE	LAS	ST .	20. DATE	KNOWNX	MONTH	DAY	YEAR	2h HOU
	28 55 55 E	(111)	E OK PRINT)	GORDO	M	IZE	OF DEATH	ESTI-	11	23 19	85	1933		
	A CHIEF OF THE STATE OF THE STA	3. SE)	Male	4 RACE	5 DATE OF BIRTH	6. AGE LINYE	ARS IF UNDE	RIYR IF UNDER			MONTH	DAY		2d HOU
	N STEER		, indic	White	MONTH DAY	YEAR LAST BIRTHD	RS MONTHS	DAYS HOURS	MIN PRONOU		11	23 19	9 85	6:15
	A PART A PART	7a B	RTHPLACE (S		76 CITIZEN OF WHA		-		9 BALTI	MORE CITY OF	COUNT	TY OF DEATH		
	L. RECORDS, 201 W. PRESTON STREET, I. RECORDS, 201 W. PRESTON STREET,	FC	REIGN COUNTRY)		U.S.		WIDOWED	NEVER MARRI		timore	- Citv	ty		
	SEP SEP	10 C	TY OR TOWN	OF DEATH		ITAL, NURSING HOM	E, OR OTHER	INSTITUTION	12a. USUAL OCCU	JPATION (TYPE		Zb. KIND	OF BUS	
	SHARE BOLK		Baltim	ore		General Ho	spital	(DOA)	FOR MOST OF WO	IRKING LIFE)	61	OK II	ADU21K	1
1	RETAIN P POULD BE	USU/	L RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADMISS	ION)							
E	E SE SE	13a. S	Md.	13b COUP	VIY	136 CITY OR TOWN		YES NO D	1615 P	ark Ave		21	217	
100	E4 (2) - 4	14. F	ATHER'S NAM	E		Durco		MOTHER'S MAIDE						
M	A Se	30	FIRST		WIDDLE	LAST		₽IRST		MIDDLE		LAS	T	
BALTIMORE		16a. V	VAS DECEASE	D EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURIT	IY NO. 17	INFORMANT		ADDRESS				3
YE .	F 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(1)	ES, NO, OR UNKN	OWN) (IF YES, GIVE	WAR OR DATES)	212-07-16	511							
2	JRS AFTER B. GIVE PA WITH FO T. PAGES DIVISION			DE DEATH (E-A	1	1	722					T APPR	OXIMATE	INTERVAL
ST.	STON ST. N 24 HOL N ITEM 1E ALONG SIT PERMIT Y'GIENE, AOVAL		PARTID	FATH WAS CALISE	nly ane cause per line f				low dian	0.00				AND DEAT
ON			IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease (DUE TO, OR AS A CONSEQUENCE OF											
EST			Conditio	ns, if any, which		S A CONSEGUEIACE	Or							
ā.	UTED WITHI IN PENCIL I EXAMINER SIAL - TRANS O MENTAL H ON, OR REA			ise to immediate) stating the under-		IS A CONSEQUENCE	***					-	-	-
5	XAMEN PEN VIEW VIEW VIEW VIEW VIEW VIEW VIEW VIEW		lying ca		DUE TO, OR A	S A CONSEQUENCE	OF					100		
S, 2	DE SE		RADY 2 STUES C	CAULTICARY CONOUTIONS	(c)									
DIVISION OF VITAL RECORDS, 201	D BE EXECTED BY WEDICAL AS A BU EALTH AN	z	PART 2 UTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	JI NOT RELATED TO THE TERM	MINAL DISEASE DI	R CONDITION GIVEN IN PA	RT) to					
EC	MEDIN MEDIN	CERTIFICATION	19a DATE O	FOPERATION	TIPL CONDITI	ON FOR WHICH OPER	PATIONIWAS	DEDECORMED?				Inn All	TOPSY?	- 30
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ō	THE W		UNDERLYING	G DOR	HOUR A.M.	MONTH DAY YEA	R	MAJORI OCCORRE	D TEINIER INATIONE OF II	OJUKT IN HEM 18 PA	INT TORPAR	2]		
O.S.	CERTIFICA DED TO THE E 3 SHOUL DEPARTA	MEDICAL	ZId. INJURY	NG CAUSE OF		FINJURY (AT HOME.	211. LOCA	TION			4			
<u> </u>	SEE SEE	ME	WHILE			PRY, FARM, ETC)	STRE		CITY OR TO	NWC	COU	NTY		STATE
_	THIS C WARDE PAGE 3 TATE D 21201	1	AT WORK	AT WORK										
	NER: THIS CERT CATE, WRITING FORWARDED 1 OR: PAGE 3 SH THE STATE DEPA		22a I cert	ify that I took char	ge of the remains descr	ribed abave, held an	Autopsy	Inspection	n X, Inquir	, . and	in my api	nian		
	ME BE LEVEL		death resul	red fram: Natu	oral causes X,	Accident, Si	vicide .	Hamicide .	Undetermined n	nonner				
	AAR WILL		ACTUAL	A	05	×		TITLE (SPECIFY)						
	4 H H H H H H H H H H H H H H H H H H H	1	SIGNATURE	VY	- WY	9	M.D.	Assistant	MEDICAL EXA	MINER	DATE	11	-24-	-85
	MEDIC CUTE T SE 4 SI FUNEN FUNEN		EXAMINER'S	NAME	1					D. 11	1400	0.1	001	
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F		(TYPE OR PR	NT) ALLI	M. Dixon,	M.D.	AD	DRESS_111 I	Penn St.,	Balto.	, MD	21	ZUT	
	792759	23e.B	URIAL, CREMA	TION, REMOVAL	722311	236 NAME OF CE	METERY OR C	REMATORY	23d. LOCATION		COUNT	TY	STA	ATE
07/84	BP			Removal	11/29/8	5								
25M	DHMH - 17	24 F	UNERAL DIRE	CTOR	ADDRESS			25a. DATE	REC'D. BY REGISTR	AR 256 REGIS	TRAR'S SK	GNATUR	E	
	(VR A15 ME (5))							HEC O	D ISSE	guia de	MADON	1/34/3	The same	



		1.	FOR				DEPAR			MARYLAND H AND MEN		GIENE	5	3	0	10	5
0.0	2000		STATE REGISTRAR			ME	DICAL	EXAMI	NER'S	CERTIFICA	ATE OF	DEATH	REC	G. NO.			in the second
317	2090		EASED NAM		ATR I C	<	MIDDLE		HERI	IHY			ATE KNOW OF ESTI-			DAY YEAR	Zb. HOUR
	A SHEET STANKE	1 SEX	lale	White	10M	TE OF BIRTH	YEAR	6 AGE (IN LAST BIRTI	YEARS IF UI HDAY) MONT		UNDER 2	MIN PRO	DATE NOUNCED DE AD	- 10	1-4-8 1-4-8		3:034
6		74.80	BIRTHPLACE ISTATION FOREIGN COUNTRY) Ohio			76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIE U.S.A. WIDOWED DIVORCE					9 BALTIMORE CITY OR COUNTY OF DEATH						
_	PAGE S	fo. Cr	1timor		(16	II. NAME OF HOSPITAL, NURSING HOME, OR OTHI (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) University Hospital ST OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 13c. CITY OR TOWN				HER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)				WORK 12b	126 KIND OF BUSINESS OR INDUSTRY Utler Aviatio		
11201	COULD BE EXECUTED WITHIN 24 HOURS ARREST DESITH. IF ANY DEL RD "PENDING" IN PENCIL IN TEM 11 GIVE PAGES 1, 2, AND 3 TO HEEF MEDICAL EXAMINER ALONG WITH FORLY RW 3. REFAIN OF FEALTH AND MENTAL "TRANSIT PERMIT COST, SMUD 3 SHOULD BIT OF LEALTH AND MENTAL HYGEINE, DIVISION OF WITHIN COST, MAD 3 SHOULD BIT RAIL, CREMATION, OR REMOVAL.	I UA	LRESIDENCE	(IF IN NURSING H	OME OR OTHER					13d INSIDE (ITY LIMITS? 13e STREET ADDRESS YES NO 😿 303 Lori Dr., Apt.					h amhaile		
IE, MD.		0"	THER'S NAM		MIDDI					15. MOTHER'S MAIDEN NAME FIRST Amelia C. Niedecken						001/	
1				DEVER IN U.S	ARMED FO	RMED FORCES? E WAR OR DATES) 16b. SOCIAL SECURITY NO.				17 INFORMA	INT		COL	idmb.	a,MD	2104	
1					80-19			-82-16	17	Amelia	Her.	lihy,5	629A H	larpe	r Fa	arm Rd.	
25, 201 W. PRESTON ST		/	IB CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the <u>under-lying cause last.</u> (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)										BETWEEN ON	SET AND DEATH			
TAL RECORD		CERTIFICATION		OPERATION	HONO CONTRIB					AS PERFORME		1 6				20 AUTOPS	
DIVISION OF VITAL	BTIFICATE SHOULD NG THE WORD "P OF THE CHEE SHOULD BE USED PRACEMENT OF HE PRIOR TO BURIAL.	MEDICAL CERT	UNDERLYING CONTRIBUTI	AL CAUSE WA G OR ING CAUSE DECURRED	OF DEATH	21e PLACE	OF INJUR	4-85, YE	21f. LQ	owinjury o river (of an obje	auto et	who lo	ost o	contr	ol st	riking
NG	WHILE NOT WHILE AT WORK AT WORK						5th Avenue nr. Wimmer Rd. Glem Burnie									, Md:	
6	27.6 Certify that I took charge of the remains described above, held an Autopsy (X), Inspection (), Inquiry (), and in my apinion death resulted fram: Natural causes (), Accident (X), Suicide (), Hamicide (), Undetermined manner (), TITLE (SPECIFY) ACTUAL (SPECIFY) M.DASS iSTANT. MEDICAL EXAMINER (SIGNED 11-										-85						
	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFFER DEATH BAHTIMORE,	1	EXAMINER'S (TYPE OR PRI	NT)		F. Sr				ADDRESS		enn St					
07/84 25M	BP	(5	Buri			TE 7/1985	-			en. Par	ck	23d LOCATION OR TON	Birnie	, A.	A.CO	.,Mar	yland
23/11	DHMH - 17 (VR A15 ME (5))		NERAL DIRECT	. Gonce	e,4001	Ritch	hie H	ŋ.,Bal	timor	e,Md.	o. DATE RE	DV 06	1985 ·	NEGISTR	Sauldo	- Han	doce

FOR - STATE REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH REG. NO.								
LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR					
HERSHBERGER	NOVEMBER 1, 19	10:55 M						
5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS					
		AND DESCRIPTION OF THE PARTY OF	THE PERSON NAMED IN COLUMN					

3 SEX Male TO BIRTHPLACE ISTATE OR FOREIGN

NOAH

4 RACE Caucasian

USA

March 2. 1984

BALTIMORE CITY OR COUNTY OF DEATH

COUNTRY) De

MARRIED NEVER MARRIED WIDOWED DIVORCED [

BALTIMORE CITY

10 CITY OR TOWN OF DEATH

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION JOHNS HOPKINS HOSPITAL

Dover

120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE

INDUSTRY N/A

LAST

BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR O

Delaware

130. STATE

1 DECEASED NAME (TYPE OR PRINT)

> GIVE RESIDENCE BEFORE ADMISSION 1136 COUNT 13c. CITY OR TOWN

TO CITIZEN OF WHAT COUNTRY?

13d INSIDE CITY LIMITS? NO X

13e.STREET ADDRESS / ZIP CODE RD 2. Box 161

MIDDLE

12b. KIND OF BUSINESS OR

14. FATHER'S NAME Reuben

Hershberger

Ruth 17 INFORMANT

15 MOTHER'S MAIDEN NAME

FIRST

Hershberger

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

Personal Records none

Child

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:

ARDIO PULMONARY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF

166 SOCIAL SECURITY NO

Conditions, if ony, which gave rise to immediate couse to, stating the underlying cause last.

190 DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

TETERLOGY OF FALLET

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

NONE

Kent

196 CONDITION FOR WHICH OPERATION WAS PERFORMED RIPALOGY

OF

20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO YES T

CERTIFICATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216 TIME OF INJURY HOUR A.M MONTH DAY YEAR

TIL HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

211 LOCATION

STATE

MEDIC! 21d INJURY OCCURRED

WHILE NOT WHILE

22a 1 certify that (1) (this hospital) attended the deceased from

AT HOME STREET FACTORY, OFFICE FARM, ETC.)

21e PLACE OF INJURY

STREET

CITY OR TOWN

saw the deceased alive on_ 226 SIGNATURE

abave, (1) (we) (did) (did not) view the bady after death

DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 220 DATE SIGNED

23a BURIAL CREMATION, REMOVAL

(SPEC#Burial

24 FUNERAL DIRECTOR

Johas 23c. NAME OF CEMETERY OR CREMATORY Amish Cemetery Nov. 2, 1985

DOVERN

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

Kent, conDelawaresials

COUNTY

DHMH - 16 60M 7/84

H 00

ž

g

5

ked

5. Bradford St. Dover

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Mar Carretron-

(VRA 15. 4)

Ruck Towson Funeral Home, Inc.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

1050 York Rd

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	ALM HAD	135	Baltim	ore	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			rrison	Aven	ue			nemplo					,
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213	SAESED O	130 3	Md	130 000	21411		Bal	timore		YES X	NO 🗌	3626	W. G	arris	on A	venu	e 21	215
9	Thomas -	14. F/	ATHER'S NAME		MIDDI	16		LAST		15 MOTH	ER'S MAIDE		MID				CT.	
- 4	1865200 1865200	0	allas		T		B1	ick			lhelm	ina	Allo	0.0		j	ones	
3	EST NATURE	16a \	VAS DECEASE	DEVER IN U.S. A	ARMED FO	DACES?	16b. SO	CIAL SECURI	TY NO.	17. INFOR	MANT			ADDRESS				
ALT	FATTER /	, ,	No	(# 163, 5)	IVE WAR OR	DAILS)	223	-58-75	99	Will:	ie Ma:	xine	Brook	s 395	8 Pen	hurs	t Av	enue
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STO	A E O S E O				(NSEQUENCE					6.	-				10
OK D.	WITHIN NCIL IN INER RANST TAL H			ns, if any, whi se to immedia		(b)_								200				
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RECORDS	EXECAL ING HAN HAN		PART 2 OTHER SI	GNIFICANT CONDITIO	NS CONTRIB	UTING TO DEAT	H BUT NOT REL	ATEO TO THE TER	MINAL DISEAS	E OR CONDITIO	IN GIVEN IN PA	RT 1 to .						
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	PHREA.	3	190 DATE OF	OPERATION		196. CONE	ITION FOR	WHICH OPE	RATIONV	AS PERFOR	RMED?	0 20 2				20 AL	JTOPSY?	
OF VITAL	WORD WORD WORD WORD BE USE WIT OF	CERTIFICATION										100			- 6		s 🗆	NO XX
	A THE WEN	Ü	UNDERLYING	L CAUSE WAS		HOUR A	DF INJURY M. MONTH	DAY YEA	R 21c. H	OW INJURY	OCCURRE	D (ENTERN	ATURE OF INJUR	RY IN ITEM 18	PART I OR PA	RT 2)	Di-	
DIVISION	ART OF ART	MEDICAL	CONTRIBUTI	NG 🗌 CAUSE O	FDEATH	P.		19						Solo I			Fig.	
N N	DEP DEP	AED A	WHILE				CTORY, FARM,	Y (AT HOME, ETC)		CATION			CITY OR TOWN	N	co	UNTY		STATE
۵	E. WRITING THE WORD WARDED TO THE CHI PAGE 3 SHOULD BE US STATE DEPARTMENT OF		AT WORK	NOT WHILE										7				
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNRAL DIRECTOR: PAFTER DEATH, WITH THE STAND BALTIMORE, MARYLAND, 2		22a I certi	fy that Moak cha	orge of th	e remains d	ef ribed of	ove, held an	Autop	sy .	Inspection	n .	Inquiry	XX on	d in my a	pinion		
	CH THE THE THE THE THE THE THE THE THE TH		death result	ed forg No	turol cap	ses XX	Accident	□ , s	vidde _	, Hamie	cide .	Undete	rmined man	ner .				
	ERIT MILE I			N/In		DX	1	M	MAN	TITLE (S	SPECIFY)							
	AL HELD		SIGNATURE	Will	u	VV	pru	NVI	1000	ASS.	istan	t_MEDIO	CAL EXAMI	NER	DATE	1	1-10	-85
	MEDIC CUTE T SE 4 SI FUNER FINOR	-	EXAMINER'S	NAME		0	. /	1									0100	,
	A STER COM		(TYPE OR PRI	NT) Der		F. Sm				ADDRESS_			St.,	Balto	., Mo	a	2120	L
	E05549	23a B	URIAL, CREMA	TION, REMOVAL				NAME OF CE			ORY	23d LO	CATION		cou	NTY	STA	
07/84 25M	BP	24.5	Bur UNERAL DIREC	ial	111/	17/85		Church	Ceme		DATE !		wrenc			10111		a
8.0711	DHMH - 17	- 33	NAME	ALL STATE		ADDRE				100	MON	WEC.D. BA	REGISTRAR	230 KEGI	SINARS		RE mole Mil	
	(VR A15 ME (5))	Wi	lliam	C. March	F/H	West	4300	Wabas	h Ave	nue	11/11/	1	1200					

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2h HOUR LTYPE OR PRINTS Marjorie Hidalgo Jean SEX W 14 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania Baltimore City. DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION I CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR Office Working LIFE) It Francis Scott Key Medical Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OR TOWN 371 Springville Ave 14226 Buffalo 13d INSIDE CITY LIMITS? New York Erie FATHER'S NAME 15 MOTHER'S MAIDEN NAME R. John Brust McAdoo Idella ADDRESS New Windsor, Md. 166 SOCIAL SECURITY NO. 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) I HE YES GIVE WAR OR DATEST Carolyn L. Hooper, 2001 New Windsor Rd -46-0410 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) state 2 to head traumal? Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20h IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY LAT HOME STREET FACTORY OFFICE FARM, ETC 1 NOT WHILE

DEGREE

23c NAME OF CEMETERY OR CREMATORY

Meadow Branch

22e ADDRESS

ATTENDING

5200 Easter

DHMH - 16 60M 7/B4 (VRA 15, 4)

Charles W. Burrier, Jr., Sykesville, Md.

11-13-1985

220 Certify that (1) this haspital attended the deceased from Saw the deceased after an NOV 10 19 above, (1) (we) (did) (did not) view the body after death.

226 SIGNATURE

22d PHYSICIAN'S NAME (TYPE OF PRINT)

Burial

230 BURIAL CREMATION, REMOVAL

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

22c DATE SIGNED

Carroll, Md.

_, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

DIRECTOR PHYSICIAN

CITY OF TOWN

STAFF

MEDICAL

011058

ow facility from

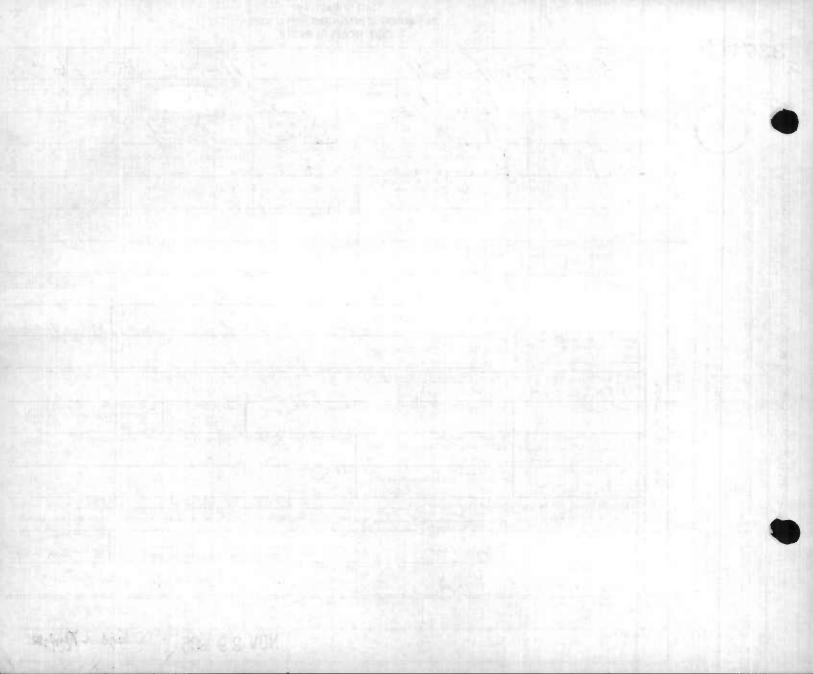
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0	1.	FOR STATE REGISTRAR				TH AND MENTAL		5 1) 1 1	
337168		CEASED NAME FIRST OR PRINT)	High	Smith	LAST 5. DATE OF B	IRTH	20. DATE OF DEA	14-8	IF UNDER 1 YEAR	26 HOUR 20 M M # UNDER 24 HRS
•	N	RTHPLACE ISTATE OR FOREIGN DUNTRY) TY OR TOWN OF DEATH	u.	VHAT COUNTRY?	WIDOWED [NEVER MARRIED DIVORCED	9 BALTIMORECI	ull c	ity	MD.
ND 21201 ND 21201 At hours other solid be fleed at must be healthe	USU.	SULF AL RESIDENCE IN NURSING HOME OF STATE 136 COU RYLAND	ROTHER INSTITUTION,	AR CHIEF AD	ADMISSION)	INSIDE CITY LIMITS	(TYPE OF WORK FOR M	OST OF WORKING LIF	E) INDUSTRY	21213
DRE, MARYLAN mecuted within and completely ges I and 2 sh dical schimes	14 FA	THER'S NAME FIRST UNKNOWN VAS DECEASED EVER IN U.S. AI	MIDDLE RMED FORCES? TE WAR OR DATES)	LAST 166 SOCIAL SECURI	ORE IS	MOTHER'S MAIDEN FIRST HATTIE INFORMANT	NAME		LITTLE	AVE
301 W. PRESTON ST., BALTIN is that the death centicate be est by the attending physician place remove calcharpages, P riol, cremation, or removal.		NO 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA Conditions, if any, which gave rise to immediate cause [0], stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR DUE TO, OR DUE TO, OR DUE TO, OR	AS A CONSEQUEN	ICE OF	DOROTH Lar ASHD	Anythu CHF	nà	Mary	AVE AMERICAL SET AND DEATH SHATE Jean
OF VITAL RECORDS. Clabs: The low require physician. physician.	ICAL CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETTHER, NOTIFY MEDICAL EXAMINER	196. CONDIT	TION FOR WHICH O	OPERATION W	AS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES	S, WERE FINDING YING CAUSES O	GS USED DF DEATH? NO
DIVISION TEMPISC PHYSICAL Into or orrending OR, After this ce or use or the burit I Health and Mark	MEDIC	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22e. I certify that (1) (this hosp saw the deceased glive or	21e. PLACE C (AT HOME, STRE	DE INJURY LET, FACTORY, OFFICE, FAR deceased from	RM, ETC.)	LOCATION STREET	city o	RTOWN		STATE state at (I) (we) lost
HOSPITAL OR AT mind by the hosp FLINEPAL DIREC uld be detached in the Shate Dept.		abave, (I) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE)	mu	An (LA)	DEC M	REE ATTENDING	G MEDICAL N DIRECTOR PH	STAFF YSICIAN 🗍	22c. DATES 1/-2 ALTO N	IGNED
DHMH-16 60M 1/73	(URIAL, CREMATION, REMOVAL BURIAL UNERAL DIRECTOR		0-85	ME OF CEME	TERY OR CREMATO			COUNTY MAR	STATE
(VR A 15 (4))		W.C. MARCH F/	H INC.	ADDRESS 1101 F	NOR	H AVE	10 2 9 1985	de santo	and annie	HACKET.



should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial.

MPORTANT: If Item 21 is

TO FUNERAL DIRECTOR, After

DHMH - 16 60M 7/B4 (VRA 15, 4)

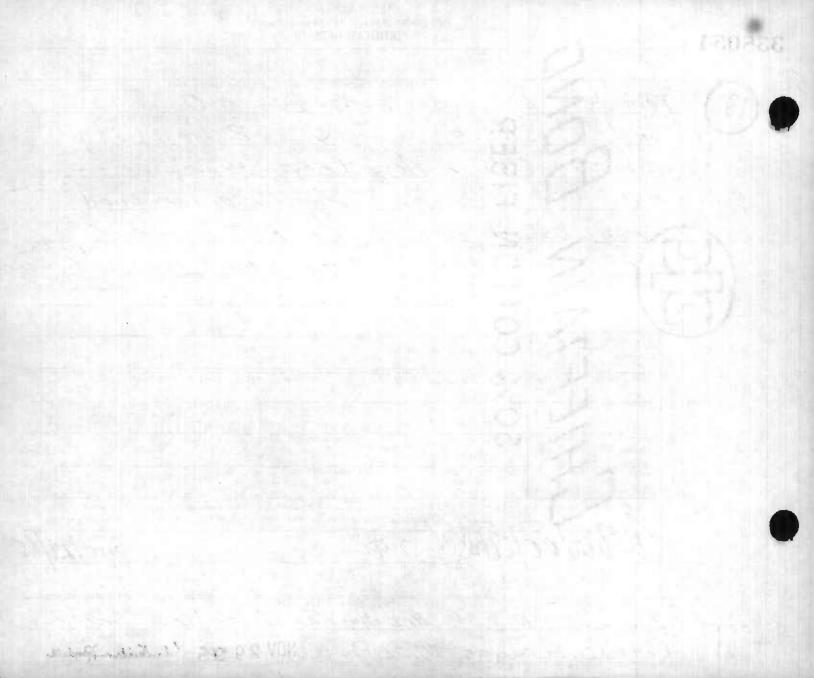
BP.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR

REG. NO

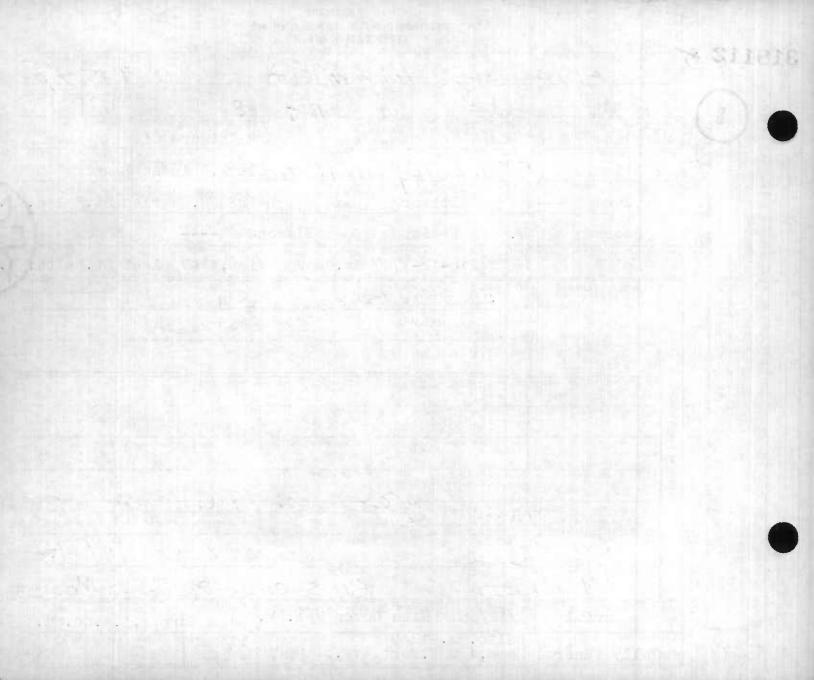
	CEASED NAME FIRST	MIDDLE	EAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	ETHEL		HILL	NOV. 29.	1985		4 P.M.
3 SE	X / 4.1	RACE , /	S DATE OF BIRTH	6 AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS
1	emale 1	Vegrold	8-17-7	5 600	YRS	VIII DATS	NOURS MIN.
		CITIZEN OF WHAT COUNTRY?	B ANDRES AND	9. BALTIMORE CITY		DEATH	
1	COUNTRY)	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	2000	0. (171	/ MD
10. C	ITY OR TOWN OF DEATH 11	NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	1001		F BUSINESS OR
	Balto,	HALL SOCH FACILITY, GIVE STREET	ADDRESS)	11YPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	
USU	AL RESIDENCE (IF NURSING HOME OF OT)						,21213
130	STATE 136 COUNTY	13c. CITY OR TOW	YES NO T	5? 13. STREET ADDRESS	1-	ood	12/2/3
14. F/	ATHER'S NAME	1 591	15 MOTHER'S MAIDEN	INAME	coren	ery	
100	TO FIRST	DIE // 1200 A	FIRST F	D T MIDDLE	مردر	LA51	1
160 \	WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECU	IRITY NO. 17. INFORMANT	ADDR	ESS	-	201 22 >
1	YES NO OR UNKNOWN) (IF YES, GIVE W			1 11.11	11101	200	101200
-			111000100	3/7/1/	701	APPROXI	MATE INTERVAL
-10	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	SY.				BETWEEN	MATE INTERVAL ONSET AND DEATH
	IMMEDIATE (AUSE (6) Carcino	oma of colon w	ith metasta	asis		
		DUE TO, OR AS A CONSEQUE	ENCE OF				
-	Canditions, if any, which gave rise to immediate	ть)					
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ENCE OF				
		(c)					
z	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR COM	IDITION GIVEN	IN PART 110	3
CERTIFICATION	190 DATE OF OPERATION	TION CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, W	/FDF FINIDIN	ICS LISED
FIC	THE DATE OF OFERATION	THE CONDITION FOR WHICH	OFERATION WAS FERFORMED		IN CERTIFYIN	IG CAUSES	OF DEATH?
E	21a ACCIDENT WAS UNDERLYING	21b TIME OF INJURY	21: HOW INTURY OF	YES NO	YES [NO 🗌
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	AY YEAR	CURRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR!	I OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
MEC	21d INJURY OCCURRED WHILE NOT WHILE	210 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	ARM ETC) 211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
	AT WORK AT WORK			0.5	0.0		
			November 26,9				that (I) (we) lost
110	e) (did) (did not) v	iew the bady after work	85, and that in (my) (our) opin	nion death accurred on the c	lote and hour a	nd from the o	couses stated
100	41711401	of Sold !	DEGREE ATTENDIN			224 DATE	SIGNED /
	muyer	success.	PHYSICIA	N DIRECTOR PHYSI	CIAN	nor	129/83
	22d PHYSICIAN'S N		Church	Hospital Co	orp.		
	Walker Impa	agliatelli	100 n	Broadway	- [-		
23a E	BURIAL CREMATION REMOVAL	23b. DATE 23c 1	NAME OF CEMETERY OR CREMATO		1	QUNTY	1
	Buria	12-5-85 A	routres Meni	PK. Ba19	6,	MIC	STATE
24 FI	UNERAL DIRECTOR			DATE REC'D. BY REGISTRA	25b. REGISTRA	R'S SIGNATI	URE
	allen K Sex	Clar = ADDRESS	155 POO = 41	NV D O more	K. C. K.	4 70	-1.00



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	and the second		E OR PRINT				WIDDLE					20	DATE N	ESTI-	MONT		YEAR	Zb. HOUR
/	ASER ESER			JANA					HII				DEATH	MATED	11	17	1985	
/	FUNERAL DIRECTOR. 5 FOR YOUR FILE. 0, WITHIN 22 HOURS. W PRESTON STREET	3. SEX		4. RACE B	5. DATE OF	F BIRTH DAY	YEAR 85	AGE (IN YEAR LAST BIRTHDAY YRS	MONTH		HOURS 1		DATE RONOUN DEAD	CED	MONTE 11	17	1985	11:18 A
-	A KEIN X KE	7a B	RTHPLACE (ST	ATE OR	76 CITIZET		AT COUNTR	Y? [1	MADDIE	D NEV	CD AA A DDIE	X 9	BALTIM	ORE CITY	Y OR COU	NTY OF		
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_	AGE 5 AGE 5 AGE 5 AGE 5	10. CI	TY OR TOWN	OF DEATH	IT. NAME	OF HOS	PITAL, NURSI	T ADDRESS)	OR OTHE	RINSTITUT	ION	T2a USUA FOR MO	L OCCUP	ATION (TYPE OF WOR	12b K1	ND OF BU	SINESS
	世の世帯を		Baltimo	re (IF IN NURSING HOME	907	Shut	er St.	OPE ADMISSION				1	A/N					
BALTIMORE, MD. 21201	1990 5	13e. S	ryland	131 COU	NTY	IUTION, GN	13c. CITY OF			13d. INSIDE CIT	NO [13e STREE			st.	21	20	5
WD	1	14. F	ATHER'S NAME		WIDDIE		LAS	T		15 MOTHE	R'S MAIDE	NAME	MI	DDLE			LAST	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	IIN 24 HOU IN ITEM 11 R ALONG ISIT PERMI HYGIENE, MOVAL			IMMEDIA	ATE CAUSE (c		AS A CONSE			CII Syl	ICLOIN	3						-
RES	HOULD BE EXECUTED WITHIN 24 RD "PENDING" IN PENCIL IN ITEMHER ALCH HHE MEDICAL EXAMINER ALCH USED AS A BURIAL - RANSIT PEOF HEAITH AND MENTAL HYGHERIAL, CREMATION, OR REMOVA			ns, if any, which	h			4027.02.0										
×.	UTED WITHI EXAMINER HAL-TRANS O MENTAL PON, OR REA			e ta immediat stating the unde		- 1	AS A CONSE	QUENCE O						-				
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W.	HEA HEA	CERTIFICATION	190 DATE OF	OPERATION	19b.	CONDIT	ION FOR WH	IICH OPERA	TION WA	AS PERFORA	MED?					20 /	AUTOPSY:	?
IA	SE CUSTE DE LA CONTROL DE LA C	IFF															YES 🕱	NO []
J. V	NE S	1		L CAUSE WAS		TIME OF	INJURY MONTH D	AY YEAR	2Tc HO	WINJURY	OCCURRED) (ENTER NA	TURE OF INJU	URY IN ITEM	18 PART 1 OR			
NO	SE LOUIS EN LA PERSONAL DE LA PERSON	1	UNDERLYING	NG CAUSE OF		P.M.	MONTH U	19										
VISIO	ERTING ING BD 1 3 SH PRIC	MEDICAL	21d INJURY C	CCURRED			OF INJURY (2TF. LOC	ATION								100
0	INER: THIS CERTIFICATE SHOULD BICATE, WRITING THE WORD "PEN E CORWARDED TO THE CHIEF ME TOR: PAGE 3 SHOULD BE USED AS THE STATE DEPARTMENT OF HEAD AND, 21201 PRIGR TO BURIAL, CR	Z	AT WORK	NOT WHILE AT WORK		REEL, FACTO	ORT, PARM, ETC.		31	KEEI			CITY OR TOW	VN		OUNTY		STATE
	TO MEDICAL EXAMINER: THIS OF EXECUTE THE CERTIFICATE, WRIPAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201			y that I taak cha	rge af the rem	ains desc	cribed abave,	held an	Autops	X,	Inspection	<u> </u>	Inquiry		ond in my	apınian	83	
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	MOINE NO.	1	EXAMINER'S	NAME 7	M Kin		MD			1 1	11 Do	C+	D	-14-	B4D	212	01	
	TO MED EXECUTE PAGE 4 TO FUN AFTER D BALTIMC		(TYPE OR PRIN	Ann Ann	M. Dix	con,				DDRESS 1				arto	., MD	212	01	
	FUCEAG		URIAL CREMA	TION, REMOVAL	11-2	1. 0		ME OF CEMI			RY	23d LOC	ATION TOWN INE	ADII	IDDT ^{CC}	UNITY	ARYÏ	ATE
07/84 25M	BP		UNERAL DIREC	TOP	11-2	1-0:	J C.	BDAK	ti T Ti		Sa DATE D	AN	INE A	AKUN	OLET	M	AKYI	AND
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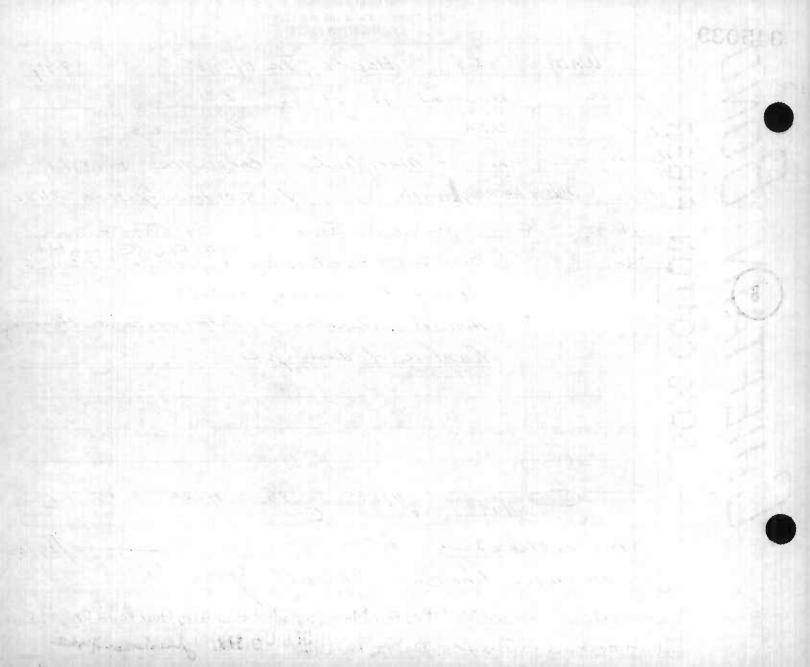
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	7	R	DECEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEATH		YEAR 2	Th HOUR
be .	death death	1	THE OR PRINT)	MARY	A.	411	LL	11-1	- 85		4-15 pm
ge 4 ma	rs after o	3	SEX A	4 RACE	B	S. DATE OF BIR	TH DAY YEAR 30 15	6 AGE (IN YEARS LAS	BIRTHDAY) IF I		IF UNDER 24 HRS. HOURS MIN,
death. Po	of orce.	3	BIRTHPLACE (STATE O		USA	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BACTIMORE CIT	L'inore	City	MD.
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LAND 21	should be	5	SUAL RESIDENCE (# NU 30 STATE	13b COUNTY	13c CITY OF	celto YES	NSIDE CITY LIMITS?	130 STREET ADDRES	S / ZIP CODE	2,	Con A
WAR.	Z Z Z Z	0	Robert	WIDDLE	Ho	dge	LUCY LUCY	WIDDL		Bal	/
	rs. Poges		(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR D		12-3818 H	attie Her	rderson 110	OF N. Ca	arroll	ton Ave
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okus, 2	Then plor to burn		PART 2 OTHER SIG			G TO DEATH BUT NOT F		MINAL DISEASE OR CO			
The law cion.	nsit permi	2	190 DATE OF OPERA			HICH OPERATION WA		YES NO	IN CERTIFYIN	t-ud	SS USED OF DEATH?
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DIVISION PH	as the book and harked or		AT WORK	ORK [AT HI	PLACE OF INJURY	OFFICE FARM, ETC)	OCATION STREET	CITY O	TOWN	COUNTY	STATE
ATTEND Aspiral o	ed for use or, of Hee		sow the decea) (this haspital) attended all all all all all all all all all al	101	19 2 , and that	in (my) (aur) apınıan	death occurred on the	date and haur on		uses stated
HOSPITAL OR AT	State det		224 PHYSICIAN'S N	SAAF TYPE OF DR	ahul	DEGRE		MEDICAL S QIRECTOR PHY	AFF SICIAN [224. DATE SIG	1-8/
TO HOSI	ORT HE	- 0		4	- 6	AKUBA	Pikes	o cheis	restor	202	Rel
BP_			BURIAL, CREMATION (SPECIFY) Burial FUNERAL DIRECTOR		/6/85	Westview	Mem. Pk.	23d LOCATION Catons	/ille, Mo		STATE
	16 60M 7/B4 A 15, 4)	1		ch F. H. W	est, 430	Wabash Av	ve NO	V 05 1985	AR 25b. REGISTRAR	SSIGNATUR	date

		FOR	DEPART	STATE OF MAR MENT OF HEALTH A		ENE 8 5	3	0 9	1 5
	1.	STATE REGISTRAR		CERTIFICATE C		REG. NO	D.		
112 3	I. DE	CEASED NAME FIRST	A RACE RAY	Hinnan S. DATE OF BIRTH	of PRuint	20. DATE OF DEATH	MONTH DAY	YEAR 26 H	DEF 24 HRS
(8)		Female	white	01 3	01897	88	YRS		S MIN.
13	M	RTHPLACE (STATE OR FOREIGN aryland	USA	MARRIED WEV	ER MARRIED DIVORCED	Baltimore city o	e City		м
11 90		Baltimore	11. NAME OF HOSPITAL, NURSING IF NOT HOSPICH EACHTY, GIVE STREET	SPUMRE OSPUMRE	1. Center	Clerk, Chi	nese L	NOUSTRY aundry	
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r this certificate the burial-transit and Mental Hygie ed or them 18 sho	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK AF WORK	ATH HOUR A.M. MONTH D	I P		ED (ENTER NATURE OF INJUR		OR PART 21	STATE
e hospital or a DIRECTOR Afte sched for use as Dept. of Health f them 21 is mark		22a I certify that (1) (this hosp saw the deceased plive on	one decedsed from	, and that in	my) (aur) apinian de	enth occurred on the do	190 Ite and hour and	that (I fram the causes	
FUNERAL UID be detect the State ORTANT. I		228 PHYSICIAN S NAME ITHE	REED REED	27e ADE		MEDICAL STAF	BAG	11/11/	25
SP	23a 1	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	11/12/85 G.	NAME OF CEMETERY Len Haver	OR CREMATORY 1 Mem.Pk	23d LOCATION Glivor low Bu			Md"
MH - 16 60M 7/B4		UNERAL DIRECTOR	Balto.Md.21	230 Fort Ave	250 DATE	REC'D. BY REGISTRAR	25b. REGISTRAR		d.



330003	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5	30916
nay be		CEASED NAME FIRST Regin	na C.	Hobbs 1s. DATE OF BIRTH	20 DATE OF DEATH MON	13 85 1245 M
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that the death c lby the attendir sose remove cark of, cremotion, or r other troymatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b) DUE TO, OR AS A CONSEQ	ephrotic Syndro	ne	
requires to signed Then ple retaburion injury, or	NO	Λ . Λ	nditions contributing to	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	ON GIVEN IN PART I I a
The law inclain. Ithe has been as the permit permit green pring shows any	CERTIFICATION	190 DATE OF OPERATION	NIA	H OPERATION WAS PERFORMED	YES NOTE IN	B. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
SICIAN: ng phys certifica rical-trai ental Hy ltem 18		? To ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIFETTHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH I P.M.	DAY YEAR 19	RED (ENTER HATURE OF INJURY IN	ITEM IB PART I OR PART 2)
NG PHY offer this as the but th and M arked or	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	718 PLACE OF INJURY LAT HOME STREET FACTORY, OFFICE	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
R ATTENDI haspital ar RECTOR: A red for use spt of Heali rem 21 is ma		220 I certify that (I) (this haspital) saw the deceased alive on obove, (I) (we) (did) (did nat) v		25 , and that in (my) (aur) opinian	death accurred on the date of	nd hour and from the causes stoted
the track		22b. SIGNATURE	hymn A		MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED 11/13/85
TO HOSPITAL TO FUNERAL should be det with the Stote		Monica Lyn	n Agree M	120 ADDRESS 3100 Ba	Wymankt Dr. 1 times mp z	1228
BP	23e B	URIAL, CREMATION, REMOVAL	13 PATE 18, 1985 231		23d LOCATION ARETY OR TOWN AR	LINGTON VA
DHMH - 16 60M 7/84 (VRA 15 4)	24-61	NERAL DIRECTOR	ADD	LAURE 250. DAT	E REC'D. BY REGISTRAR 756.	REGISTRAR'S SIGNATURE

345039		FOR - STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	3091/
y be decoth decoth	[TYP	CEASED NAME FIRST WADE		HODGE, JA	20. DATE OF DEATH MOI	4:40pm
rector. p	3 SE	MAIS	Cancasian	5. DATE OF BIRTH MONTH 12 24 62	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
uneral di	1	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR C	22 C/T3 MD.
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and co		WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)	RITYNO. 17 INFORMANT	S/2 PADDRESS	WIG Fore Rd.
Movel went, the		18 CAUSE OF DEATH Enter of PART I, DEATH WAS CAUS	only one couse per line for (a), (b), one LED BY ATE CAUSE (a)	62 0	arres 7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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he law rann. has bee ti permit ene pria	TIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20 IN	B. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
SICIAN: T ag physici certificate rial-transi ental Hygi frem 18 sh	CAL CERTI	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MONTH DA	AY YEAR	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
uG PHY: offendir frer this as the but hand M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDING aspiral or ECTOR A Ed for use and Mealth and I is made and I i			out of the deceased from 17 25 19 3 19 3	. ond that in (my (our) opinion	to	and hour and from the causes stated
TO HOSPITAL OX estained by the F TO FUNERAL DIR should be detach with the Stote Des	4	Huchae MA HYRICIANS NAME (1714	0	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 1 1/201
TO HOSP retained TO FUNI should be with the IMPORTA		BURIAL, CREMATION, REMOVA	L 23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	JESH LOCATION	2/ •
BP DHMH - 16 60M 7/84		Pured UNERAL DIRECTOR	12-3-85 B	Air Memorial Gd	TE RECID. BY REGISTRAR 256	TENTE SIGNATURE
(VRA 15, 4)	Jo	hn H. Harkins	POBOX485 D	elta PAIR314EU	0.0 1000 gul	a Lavidson Randoller



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

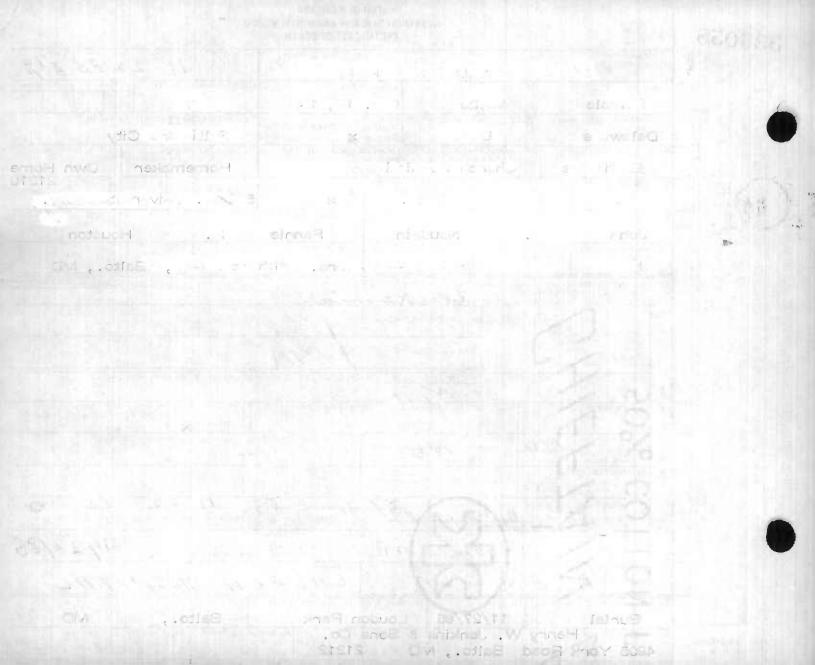
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	CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH M	ONTH DAY YEA	R 26 HOUR
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1.5E		RACE	5 DATE O	DE BIRTH	6. AGE (IN YEARS LAST BIRTHI	DAY) IF UNDER LY	
-			MONTH			MONTHS DA	
1	EMALS !	STIHU	FSB	, 20, 1898	8.	YRS	
	IRTHPLACE ISTATE OF FOREIGN 76.	CITIZEN OF WHAT COUNTR		NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
3	ARYLOGO	W.S.A.	WIDOWE		BATT MAI	PC (4
10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NUR			120 USUAL OCCUPATION	NI 125 VINI	D OF BUSINESS OR
0	_		EET ADDRESS!) I (I =) O	TYPE OF WORK FOR MOST OF V		
151	ALlimore /	JOHN L. Di	JA10 N	NED. (EN	1. Al Hor	75	
13a	AL RESIDENCE (IF NURSING HOME OR OT			134 INSIDE CITY LIMITS?	13 CIDEET ADDRESS (TID CODE	21231
3	0041 000 BOLL	more Basky	211.	YES INSIDE CITY LIMITS?	3 STREET ADDRESS / 2	THE DES	7000
11.	ATHER'S NAME	HOKE II FILLY	122	15 MOTHER'S MAIDEN NAM	2000 04	11/01/20	1 DKINS
17		DIE LAST		FIRST	MIDDLE	0 0	LAST
1	h20	HOF	LIR	MARIE		HSPS	Ron
	WAS DECEASED EVER IN U.S. ARME		CURITY NO	17 INFORMANT	ADDRES	5	
1 3	10 OR UNKNOWN) (IF YES GIVE W	AR OR DATES)	2773	Ennivy &	ECOROS		
		BOVIC	00/12	I HI ULI	& COROS	ABB	DAVING VE ANTIONS
	18 CAUSE OF DEATH (Enter only) PART 1. DEATH WAS CAUSED B	one cause per fine far igi, (b),	andic	1 1.		BETWI	ROXIMATE INTERVAL
	IMMEDIATE (1 1 1 1 m	arac	Lailave			20075
	A STATE OF THE PARTY OF THE PAR	DUE TO OR AS A CONSES	NICKICE OF		^/	1	6
	Conductor A 1:1	DUE TO, OR AS A CONSEC	parce of	11 = 100	oug hla	26/1	10110
	Canditions, if any, which gave rise to immediate	(b)		o o no	100 12100	7	46002
	cause (a), stating the	DUE TO, OR AS A CONSEC	UENCE OF				
	underlying cause last.	10)				3 3 4 4	
	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERMIN	NA DISEASE OR CONDI	TION GIVEN IN PAR	Llia
Z		China	A	Com.	114-111-		
CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHI	1116	114 Syre	rome	an it was wished	10.000
13	198 DATE OF OPERATION	198 CONDITION FOR WHI	LH OPERATION	A MAS PERFORMED		206. IF YES, WERE FIN	
E	COURSE NAMED AND US				YES NO	YES 🗌	NO 🗌
8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART	2)
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH					
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
뮬	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFIC	E FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
-	AT WORK AT WORK			1 0			
	220.1 certify that (1) (this haspital	attended the deceased from	2	11/3/ 10 34	10 11	1141085	, that the (we) last
	saw the deceased alive an			d that in (my) (aur) apinian de	eath accurred on the date		
	above 11 (we) (did) (did not	low the bady after death			cam accorred all the date	e and natir and rrain	me couses stated
	27b SIGN	111		DEGREE		22c DA	ATE SIGNED
101	100 1	VANIL WY		ATTENDING PHYSICIAN	MEDICAL STAFF	NT //	114/827
	224 PHYSICHAN'S NAME THE OFFI	mi)	~	22e ADDRESS	THE COME THE COME	33	111100
23a E		23b DATE 23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
6	SPECIFY A)	Nov. 18 1985 S	DORSO	Us not France	BOIT MA	COUNTY	2004 STATE
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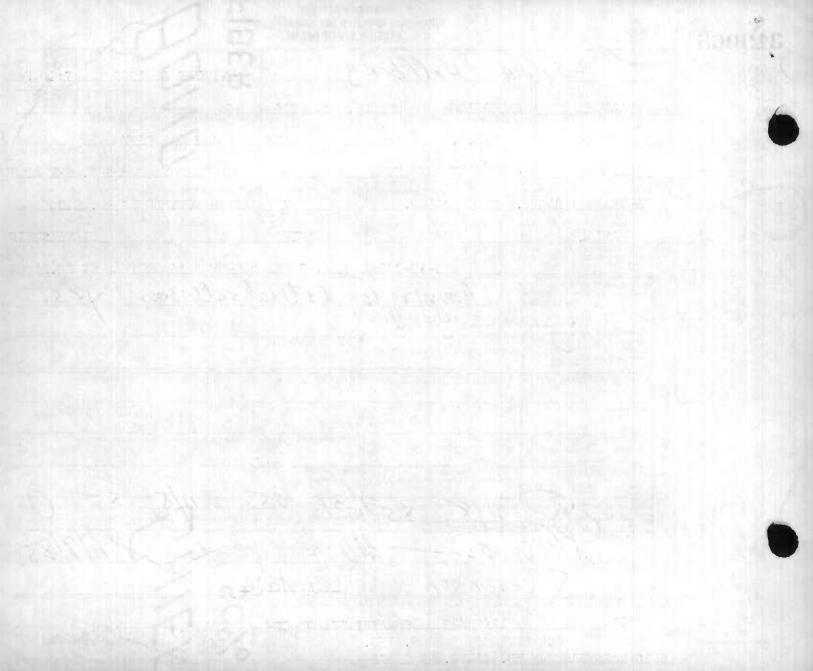
DHMH - 16 60M 7/84 (VRA 15, 4)

HIMEER 大学工作的人名英格兰 (1915年) 1915年 1915 100 A THE ARM FOR YOUR LANGUEST SHOT AND LONGERST A SELL C Men & ME A SERVE There Time Bridgen of Marker Mile

	3360	58		1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8. 5	30	9 1	9
•	,00		W		EASED NAME FIRST		WIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HC	DUR
	9 be	deoth	5	(11176	HELE	EN NAU	DAIN	., H	QFFA	//	22	856	PM
	(OF 09	ter d		3 SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UP		DER 24 HRS
- \	ge 4	15 0			Female	Wh	ite	Oct.	19, 1890	95	YRS.	0413 110083	Alle.
	eath. Po	in 72 hou	46		RTHPLACE (STATE OR FOREIGN COUNTRY)		SA	B. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore CITY O			MD.
10	offer d	led with	SI	10. CI	Baltimore	(" NOT IN SU	HOSPITAL, NURSING CHEACHLITY, GIVE STREET HOSPI	ADORESS)	OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE)	76. KIND OF BUSING NOUSTRY	
1	RA)	A Plant	8		TATE 13b C	ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE 136. CITY OR TOW Balto	E ADMISSION)	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 500 W. UI	niversi	ty Pkwy	21210
MARY		12	2	14. FA	THER'S NAME FIRST	M.	Naudai	n	15. MOTHER'S MAIDEN NA FIRST Fannie	H. MIDDLE		ouston	
ORE.	ě p	365			VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	SS		
II	e e e	P 0			No		218 26	2423	Mrs. Edith	n de Russy	, Balt	0., MD	
BAL	ote	oper val.			IN CAUSE OF DEATH (Enter	er only one couse pe	er line for (a), (b), on	d (C)				APPROXIMATE IN BETWEEN ONSET AN	ND DEATH
ST.,	ortific op	ono	2			DIATE CAUSE (a)	Lexas	Sen	ma.				
ON	of h co	corb				DUE TO, C	OR AS A CONSEQU	ENCE OF	1				
W. PREST	hot the dec by the otte	I, cremotia			Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, C	DR AS A CONSEOU	ENCE OF	/ NIA				
RDS, 20	equires a	Then ple		NO	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	CONTRIBUTING TO	A.	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	OITION GIVEN	IN PART 110	
60	3 0	prio	7	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDINGS US G CAUSES OF DE	SED ATH2
AL R	he l	ene ene	-	E			-	-		YES NO	YES [
OF VII	ICIAN: 1 g physic	nto! Hyg	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CABSE (IF EITHER, NOTIFY MEDICAL EXAL		OF INJURY	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	Y IN ITEM 18 PART I	OR PART 2)	
DIVISION OF VITAL RECORDS,	offendin	s the burn	/ / / / / / / / / / / / / / / / / / /	MEDICAL	71d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC.)	711. LOCATION	CITY OR TO	WN	COUNTY	STATE
0	TTENDIN pitol ar	for use a	2 2 2		22e. certify that () (this h sow the deceased aliv above, () (we) (did) (d			3/	nd that in (my) (our) opinion	death occurred an the do	2 19_ te and hour an	d from the couses	(lost stoted
	AL OR A the hos	letoched ste Dept			27b. SIGNATORE	Noise		nn	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF		11/22	185
	HOSPIT orned by		1		22d PHYSICIAN'S NAME (1	EM 1	M.D.		CHUR	CH HO	SPI	TAL	
	5 g 5	42 3 3	3	73a E	URIAL, CREMATION, REMO	VAL 236 DATE	23€	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		N. I. I. I.	STATE
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	DHMH - 16		B2	24. FU	INERAL DIRECTOR Her	ry W. J	enkins &	Sons		TE REC'D. BY REGISTRAR	17 " williams	A TOWNS A	61
	(VRA 1	5. 4)		6	1905 York R	oag Bal	EQ. MD		21212	TO TOUT AND ADDRESS	20.32	Ann-flande	participa



-7			1.	FOR STATE		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG	SIENE 8 5	3	0 4	2 0
3190	65			REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).		*
	£			CEASED NAME FIRE	ST	MIDDLE	11	AST	20. DATE OF DEATH	MONTH D	DAY YEAR	2b. HOUR
4 P	deo			0	YIVIA	Hott	bek	9	NOVEMBER		85	7:10 PM
4 g.	of te		3. SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	HOURS MIN.
98 59	23	2	and the same	FEMALE	CAUCAS		DI	EC. 31, 1916	68	YRS.		
4 0	2 ho	3		RTHPLACE (STATE OR FOREIG OUNTRY)	N / 176. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	OF DEATH	
deo deo	d do	/	10.0	MARYLAND TY OR TOWN OF DEATH	U.S	S.A.	WIDOWE	D DIVORCED XX	BALTIMOR			MD. OF BUSINESS OR
4 4	2 4	11	10 01		(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF			
120	1	4	USUZ	BALTIMORE AL RESIDENCE (IF NURSING HE	LEVINI	DALE AGED	HOME		SECRETAR	Y	L SOC.	SEC ADMIN
19 1	1/3	56		TATE 13b.	COUNTY	13c. CITY OR TOW	N	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS /			
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H 5 0	9	4	16a V	DANIEL AS DECEASED EVER IN U.	S. ARMED FORCES?	COHEN 166 SOCIAL SECU	RITY NO.	SADIE 17. INFORMANT	ADDRE	55	SI	LVERSTEIN
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ALTIN te be	the the		-	18 CAUSE OF DEATH (En	iter anly and enuse as	215-10-		MRS. PEARL	BROWDY 3216	NURT	HBROUK	KID 21208 KIMATE INTERVAL ONSET AND DEATH
ffico phys	Tovor	= 9		PART I DEATH WAS C	AUSED BY:	Hmust	200	ic later	el solero	sus	DE I WEEN	ONSET AND BEATH
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PRESTON ne deoth c	ion,			Conditions, if any, whi		JR AS A CONSECUCE	Je of				/	
the o	emot er tre		1	gave rise to immedia cause (a), stating t	te	OR AS A CONSEQUE	NCE OF					
w i w	ol, cr			underlying couse lo	st. (c)_							
	hen ple to burie		N	PART 2. OTHER SIGNIFIC.	ANT CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE)ITION GIVE	EN IN PART 1	10
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	ne ne	7	TIFIC						YES T NOT		YING CAUSES	S OF DEATH?
DIVISION OF VITAL NG PHYSICIAN: The offending physicio	Hygiei 18 sho	1	CER	21a. ACCIDENT WAS UNDERLYIN			V VEAD	21c HOW INJURY OCCUR				
OF ICIA	entol-tr	4	AL	OR CONTRIBUTING CAUSE LIF EITHER, NOTIFY MEDICAL EX.	OF DEATH	.M. MONTH DA	19					
SION PHYS endin	\$ 5 P		MEDICAL	214 INJURY OCCURRED		OF INJURY	ADM STC 1	211. LOCATION	CITY OR TOV	VN	COUNTY	STAJE
NO PER OFFE	h and	4	2	AT WORK NOT WHILE AT WORK		/	ARM, ETC)	101 0		10	0-	-
0 A	Leolt se Ho			220 1 certify that the	hospital attended th	he recessed from	1	1/3/ 1905			190	that (I) (we) lost
R ATTER hospito	of h			allow the deceased of above. (I) we (diding)	on view the body	ofter death.), on	that in (my) (our) opinion	deoth occurred on the do	te and hau	and from the	couses stated
OR POR	Dept f Her			22b. SIGNATUR	Ellow M		_ /	ATTENDING	MEDICAL / STAF		22c. DATE	19/0-
ITAL by th	he Stote			224. PHYSICIAN S HAME	NUWSV	7	IV	PHYSICIAN [DIRECTOR PHYSIC		111	1105
D HOSPITA toined by O FUNERA	with the Sto MAPORTAN	1		ZE PHYSICIAN S PAME		n50h		220 ADDRESS	12			
5 a 5	A M	•	23a. E	URIAL, CREMATION, REM			AME OF C	EMETERY OR CREMATORY	23d LOCATION		P.O. m.	
BP				BURIAL	11/	10/85	SHAARE	TFILOH CEM	DAITO		COUNTY	STATE
DHMH - 16 5	50M 4/8	3	24 FU	INIERAL DIRECTOR	OL LEVINSO			25-1747	E REC'D. BY REGISTRAR	Sty REG STE	A SSIG.	UR
(VRA 15			60	10 REISTERST			-	NOV	7 2 1900 3	TO SERVICE SER		ď



329042

- STATE REGISTRAR 1. DECEASED NAME

ITYPE OR PRINT

STATE OF MARYLAND

DEPARTN	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.			. C.	
LE	LAST	20 DATE OF DEATH MONTH	DAY	YEAR	26 HOU	R
+ ,	HOFFMASTER		19	85	1:08	AN
	5. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY)	_	DER 1 YEAR	IF UNDER	24 HR5
ite	MONTH DAY YEAR	68 YRS	MONT	DAYS	HOURS	MIN.
AT COUNTRY?	8.	9 BALTIMORE CITY OR COUN	TYOFE	DEATH		
	MARRIED NEVER MARRIED	BALTINO	15	C.	74	AAT

		ELIZAS	ETH A,	HOF	EMASTER		11 19	07	1:00 AA		
	3 SEX	Female	1. RACE white	S. DATE C		6 AGE JIN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
7	C	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	OF DEATH				
	10 CF	Baltine	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET VINAN PARK		OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Packer			of BUSINESS OR hold		
		TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE	N -	13d INSIDE CITY LIMITS?	130.STREET ADDRESS	ZIP CODE	AVE !	3ALTO 212		
)	14 FA	ATHER'S NAME FIRST Michael Cint	MIDDLE LAST		Annie	Latko MIDDLE		LAS	it		
		VAS DECEASED EVER IN U.S. ARM (IF YES, GIVE NO	MED FORCES? 166. SOCIAL SECU E WAR OR DATES! 212 22		17 INFORMANT Charles F.	ADDRI Hoffmaster	ess .	san			
		PART I. DEATH WAS CAUSED IMMEDIATI	ly one couse per line for (o), (b), on D BY E CAUSE (o) DUE TO, OR AS A CONSEQUI	ENCE OF	lives lo	whateu Or A	and and	BETWEEN	IMATE INTERVAL ONSET AND DEATH		
1		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE		, pusses	i Copia		1			
	NOI	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVE	N IN PART 1	0		
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO				
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)			
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, F	FARM, ETC)	211 LOCATION STREET	CITY OF TO)WN	COUNTY	STATE		

11/14 22a 1 certify that (I) (this haspital) attended the deceased from

_, that (I) (we) last saw the deceased alive on obove, (I) (we) (did)/(did not) view the body after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 10 PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME ITYPE OR PRINT!

22e ADDRESS 3100 MO

23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

LINDTH

23c NAME OF CEMETERY OR CREMATORY Gardens of Faith

236 LOCATION Fullerton, Balto. Co. Md.

Burial 24 FUNERAL DIRECTOR

250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT

TO HOSPITAL

BP.

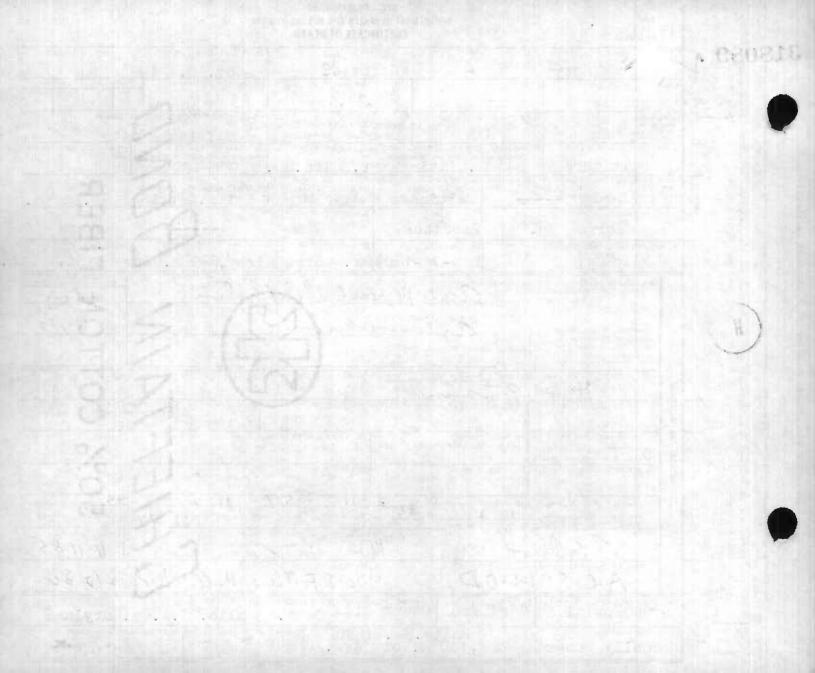
Burgee-Henss Funeral Home 3631 Falls Rd.21211

11/22/85

SECONS. ALL STREET OF THE STREET STREET, AND ASSESSED TO STREE

	1-	STATE REGISTRAR		DEPARIM		ICATE OF DEATH	REG. N	0.	FIRST I	85-
318089 A		CEASED NAME FIRST	•	MIDDLE	i	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	2b. HOUR
	HYPE	Mary		A	Hof	Stede	Nov. 10.	198	5	M
You are	3 SE		4 RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
7 55		Female	Whit	e	Feb	.11,1902 AR	83	YRS	THS DAYS	HOURS MIN.
E M no		RTHPLACE STATE OR FOREIGN		WHAT COUNTRY?	9		9 BALTIMORE CITY O		DEATH	
oth oth		Maryland	71	ISA		DINEVER MARRIED	Raltin	nore C	i + 77	MD.
ed of		TY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	12b. KIND OF	BUSINESS OR
of the led the		Baltimore	541	E. Gittir		t.Balto.Md.	Homemak	er er	INDUSTRY	
MAYTAND 21.20 The ficore be executed within 24 hours. The shysicion and completely filled in by the filled in by the medical examiner must be for troumatic event, the medical examiner must be for the medical examiner.		AL RESIDENCE LIF NURSING HOME OF			ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 710 CODE	2.	1230
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tely 2 sh	14. FA	THER'S NAME	WIDDLE	TZAST		IS MOTHER'S MAIDEN NA		No. of the State o		
b and work		George	H.	Rebstoc	k	Edna	with only only only	_	Howa	ird
d co		VAS DECEASED EVER IN U.S. AF				17 INFORMANT	ADDRE		Md.21	250
Pogo e ex		YES, NO OR PURNOWN) I IF YES, GI	VE WAR OR DATES)	213-74-	1809	Mr.George H	Kirby,629	E.Cler	ment S	St.Balte
ALI Sicion pers.		18 CAUSE OF DEATH (Enter or	nly one couse pe			0 1	. 1			NATE INTERVAL
fico poh nov vent		PART I. DEATH WAS CAUSE	Ď BY: TE CAUSE (o)	aute	Myon	cardial lut	uselin		10	Que
N S THE S		MMEDIA		OR AS A CONSEQUE	NCE OF		SITE AND DE			
A H was		Conditions, if any, which	((b)	Arle	no	relevosis		. 5	5	ighs.
NII)		gave rise to immediate cause (a), stating the	DUETO	DR AS A CONSEQUE	NCE OF					
\$ 10 ± 6		underlying cause last.	(c)	3K A3 A C3 13EG 0E			Tartick III	100		
res s pned n ple burio		PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
The r to	CERTIFICATION	HOLP	erter	sim				1000		
NG PHYSICIAN: The low ri- ottending physicion. The this certificate hos bee os the buriol-tronsit permit. The ond Mentol Hygiene prior orked or frem 18 shows ony	S	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, W	VERE FINDING	SS USED OF DEATH?
The liber hows	E E						YES NO	YES [NO 🗆
hysical icote rronsi Hyg		21a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	1110110 4	OF INJURY	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2	
SKIA ng ph recritificant trem l	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		P.M.	19				11.75	
PHY sindir d A A d A d A	ED I	21d. INJURY OCCURRED		OF INJURY TREET, FACTORY, OFFICE, FA	RM. ETC 1	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
A the of the orker	~	AT WORK NOT WHILE AT WORK								
NO N		220 I certify that (I) (this hosp			353	19 5	10 11-2		85 . th	iat (I) (we) last
CTO CTO 1 for of th		sow the deceased alive or above, (1) (we) (did) (did no	ot) view the bad	y alter death.	. or	nd that in (my) (our) opinion	death occurred on the d	ate and hour or	nd I om the co	ouses stated
Checker Herr		226. SIGNATURE	00 0		1,	DEORNE	ALEDICAL STAI		22c DATE SI	IGNED
Y the Y the deto ote of		a con	Rod	130	n		MEDICAL STA		11-1	1.83
HOSPIII FUNER Sould be PORTAN		22d. PHYSICIAN'S NAME (TYPE		7		220 ADDRESS	N 00	7 6		> 1
O HOSPIT. TO FUNER Should be downth the Sto		A.C.)() hh c) 12		707 E, Forth	ve. Balli.	, lud.	7-17	30
56 5233	23a	BURIAL, CREMATION, REMOVAL	23h DATE 1	3/85 23LN	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
BP		Durtar	11/1	7/07 08	ua.	HILL Cemt.		.A.Co		
DHMH - 16 60M 7/84		UNERAL DIRECTOR	- 7 77	Balto.	Ma.2		E REC'D. BY REGISTRAR			
(VRA 15, 4)	M	ccully Funer	al Hom	ie, 100 L.	rort	Ave. NUV	1 4 1985	والم هما من الم	son-Han	ment !

STATE OF MARYLAND



	1 DE	CEASED NAME OR PRINT)	FIRST	M	IDDLE		LAST		20 DATE OF DEATH			26 HOUR
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maker maplete and 2		Harvey	MI	DDLE	Campb	e11	E	stelle	MIDDLE		Coo	ke
uì 5 8 6 7	160 \	VAS DECEASED EVER IN	JUS ARME			SECURITY NO.	17 INFORMA		ADDRE	SS		
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OR he h		226. SIGNATURE	ILD		-11	100 1	DEGREE	ATTENDING.	MEDICAL STAT	F	22c. DATE	SIGNED
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o HOSPITA etained by TO FUNER should be d with the Sto		Dackt	140	Sh	in	•	122	7 QL	reene st	. 150	altin	rive. M)
25 - 0 > 2		BURIAL, CREMATION, RE	MOVAL	736 DATE		23c NAME OF	CEMETERY OR	CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
BP		Burial		11/2	3/85	Ва	ltimor	e Cem	Baltim	ore,	Md.	No. 4 an
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FOR STATE REGISTRAR STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

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	V	NEGISTRAR		MEI	DICAL	EXAMIN	ER'S	ERTIFIC	ATE O	F DEAT	TH	REG. NO.			
16		CEASED NAME	FIRST		MIDDLE	1 4	- 11	LAST	1000	2	a DATE KI	M MON	MONTH	DAY Y	EAR 26 HOU
1 Wayson A	(1A)	E OR PRINT)	Jacque	C	L.		HO	land			OF	AATED		24/19	85
#8EE3E	1.50	4 RA		S DATE OF BIRTH	т.	6 AGE (IN YE			IF UNDER 2	24 HRS 2	C. DATE		MONTH		
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1	PLEASE ECTOR. PLILES. HOURS STREET,	3 SEX	1 RACE	5. DATE OF BIRTH	AGE (IN YE LAST BIRTHO	ARS IF UNDER 1		MIN PRONOUN	CED	MONTH	DAY YEAR	2d. HOUR
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4	JERAL DI OR YOU OR YOU PRESTON		RTHPLACE (STATE OR PEIGN COUNTRY)	76 CITIZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MARRIE	D	ORE CITY OR		OF DEATH	
	TO THE FUNERAL DIRECTOR TO THE FUNERAL DIRECTOR A PAGE 5 FOR YOUR BEFLED, WITHIN 72 I DECTOR WITHIN 73 I DECTOR WITHIN 74 I DEC	V	IRGINIA	US	>A	WIDOWED [DIVORCE	- Da14	imore C	ity		MD.
	PAGE 5 F		TY OR TOWN OF DEATH		PITAL, NURSING HOM	OR OTHER INS	TITUTION	12a USUAL OCCUP		F WORK 12	OR INDUST	
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阿拉	2, AND 3 TO 1 3. RETAIN PA 2 SHOULD BE FAL RECORDS:		L RESIDENCE (IF IN NURSING HOME OF	OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSI					. 7	177	5
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-9	2, 2 3. ALR	14. F/	THER'S NAME		120000		OTHER'S MAIDEN	N NAME	V	10110	73.1.7.	
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Š	S ORAGE	160 V	VAS DECEASED EVER IN U.S. ARM	NED FORCES?	16b. SOCIAL SECURIT	Y NO. 17 INF	ORMANT		ADDRESS	400	01710	
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¥	URS AFTI 8. GIVE WITH FOUT DIVISIO		18 CAUSE OF DEATH (Enter only		100, 0,	9 1 (11)	mil C'	JIII JUN	/0/0	- 00	APPROXIMATI	E INTERVAL
PRESTON ST.,	A 18.	7	PART I DEATH WAS CAUSED	BY: Av	terioscler	otic car	diovasci	ılar dise	ase	4000	BETWEEN ONSE	T AND DEATH
ON	N 24 HO N ITEM 1 ALONG IT PERM YGIENE		IMMEDIAT	chost (o)	AS A CONSEQUENCE		alovasco	2101 0150	450			
EST	WHY AND WHO	9.3	Canditions, if any, which	DOE TO, OK	AS A CONSECUENCE	OF						
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AL.	当に 山田王 子	₹ V	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPER	ATION WAS PER	FORMED?				20 AUTOPSY	?
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9	THE WEN		210 EXTERNAL CAUSE WAS	216 TIME OF HOUR A.M.	MONTH DAY YEAR		JURY OCCURRED	LENTER NATURE OF INJ	URY IN ITEM 18 PAI	RT I OR PART 2	2)	
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N N	CERTIFICATE SH ITING THE WOR DED TO THE CL E 3 SHOULD BE L OFFARTMENT OF PRIOR TO BUR	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O	FINJURY (AT HOME, DRY, FARM, ETC.)	211. LOCATION STREET	N	CITY OR TO	WN	COUNT	TY	STATE
۵	WR AGA	-	AT WORK AT WORK									
	NER: THIS CERT CATE, WRITING FORWARDED TOR: PAGE 3 SH THE STATE DEPA AND, 21201 PRI		220 I certily that I took charge	e of the remains desc	ribed above, held on	Autopsy 🗌	, Inspection	Inquiry	and	in my opini	ion	
	M DE LE		death resulted from: Nature	ol causes	Accident . Su	icide . H	lomicide .	Undetermined mo				
	ARY ARY		10	. 1/4/	1100					1	1 5 05	
	H. W.		ACTUAL SIGNATURE LECTU	in XXX	45/1 MI	MR AS	ssistant	MEDICAL EXAM	INFR	DATE L	.1-5-85	
	SET SET SE		,	Dennis F	Smyth. M.	n	111	Penn Stre		SIGNED		
	SE S	-	EXAMINER'S NAME (TYPE OR PRINT)	Denn 15 T.	· Cally Chi , 14.	ADDRE						
	TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23e.B	JRIAL, CREMATION, REMOVAL 2	DATE -	23c NAME OF CE			23d LOCATION		COUNTY		
07/84	BP	(:	BURIAL	11-08-85	MT. 7	IUN CES	METERY	BAZT IN	ndRE	ME	ACYIA	TATE D
25M	DHMH - 17	24 F	INERAL DIRECTOR	- 4000000			250. DATE RE	C'D. BY REGISTRA	R 256 REGIST	RAR'S SIG	NATURE	
	(VR A15 ME (5))	6	ROWN/THOMPSON	UF HIT	913 W. BA	9CTO. 5.	> NOV-	985	Julian	Tavida	~ Bonde	17_

Surprise of the state of the st

24.04.28	1 - FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B 5 3	0 9 2 6
318128	1 DECEASED NAME , FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be	Kenne		Holler	Nov.	8 1985 1100 MM
frer frer	3 SEX Male	4. RACE White	5 DATE OF BIRTH MONTH DAY Dec. 24 1948	6. AGE (IN YEARS LAST BIRTHDAY) 36 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
bod and	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTS	272 1	9 BALTIMORE CITY OR COUNTY	Y OF DEATH
de orh.	Penna.	U.S.A.	MARRIED NEVER MARRIED	Baltimore Cit	Y MD.
3 off	Balto.	University N	SING HOME OR OTHER INSTITUTION THE ADDRESS HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY Mining
till 24 hour	Penna. So	or other institution give residence be UNITY 13c. CITY OR TO Myerse Myerse	dale YES NO	13e STREET ADDRESS / ZIP CODE	99999
and 2	1 FATHER'S NAME FIRST Kenneth	A. Holle	r Helen	AME MIDDLE	Dishong
e execut		ARMED FORCES? 166 SOCIAL SE GIVE WAR OR DATES) etnam 171–02		ADDRESS .H. Salisbury	Penna.
equires that the death certific signed by the attending phy. Then please remare carbon pto burial, cremation, or remainty, or other traumotic even	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSECUTION OF THE CONSECUTION OF T	HT UPPER LOBE	MA.	3-4 days 6 months
he low renon. Hos beer the prior tene prior	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
CIAN: T 3 physic artificate ol-trons ntal Hyg		DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART : OR PART ?)
G PHYS offending er this ce the bur ond Me ked or #	OR CONTRIBUTING CAUSE OF	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFI	211 LOCATION	CITYORTOWN	COUNTY STATE
Spiral or	22a.1 certify that (I) (this has sow the deceased alive	spital attended the deceased from 1/8 15	05-1	death occurred on the date and hou	19_35_ that (I) (we) last up and from the causes stated
by the hor by the hor by the hor by the hor by the horse e detached State Dept and I. If then	276 SIGNATURE - KES	melyod.	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
TO HOSE should be with the IMPORT	P- KENN	EDY. M.D.	Umm	S, UMCC	
1989999	230 BURIAL, CREMATION, REMOV (SPECIFY) Removal-Buria		R. NAME OF CEMETERY OR CREMATORY Greenville	Greenville To	ownship Pa.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR Henry W. Jen	kins & Sons Ĉ	1905 York Rd. 250 DA .,Balto.,Md.	TE REC'D BY REGISTRAR 256 REGIST 1985	TRAR'S SIGNATURE

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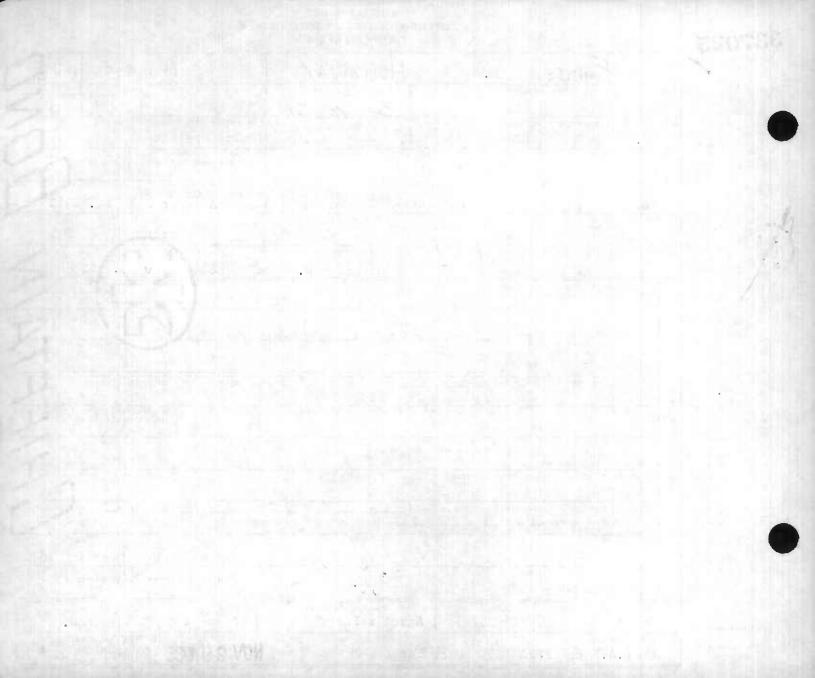
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Honey C. Joneire C. Some Co., Selto., Mr.



FOR - STATE REGISTRAR I. DECEASED NAME

LIVPE OR PRINTS

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.						
20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOL	R		
	11	11-	85	6.	oi		
6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HR			
82	YRS	MONITS	UAYS	HOURS	AI M		
9. BALTIMORE CITY	OR COUNT	Y OF DE	ATH				

LUTHER В. MONTH M ALE 23 1903

BLACK

76. CITIZEN OF WHAT COUNTRY?

Provident Hospital

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MARRIED X NEVER MARRIED DIVORCED WIDOWED

Baltimore City 17a USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE) Store Keeper

126. KIND OF BUSINESS OR Dept. of H.E.W.

1136 COUNTY Maryland 14 FATHER'S NAME

Baltimore

15 MOTHER'S MAIDEN NAME

Dr. Baltimore, Maryland 21215

Small

Solomon 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

No.

CERTIFICATION

To BIRTHPLACE ISTATE OF FOREIGN

S. Carolina

10 CITY OR TOWN OF DEATH

Baltimore

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

Holsev 166 SOCIAL SECURITY NO

Fannie 17 INFORMANT 212-01-9949

Henrietta Holsev

3818 Darby Manor Drive Baltimore, Md. 21215

	IMMEDIA
Conditions,	if ony, which
	to immediate
couse (o),	stating the
underlying	couse lost

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID

19a DATE OF OPERATION

21d INJURY OCCURRED

NOT WHILE

sow the deceased alive on.

216 TIME OF INJURY 71a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH IN EITHER NOTHY MEDICAL EXAMINER

(AT HOME STREET FACTORY OFFICE FARM ETC.)

71e PLACE OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

CITY OF TOWN

70a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE

22a I certify that (1) (this haspital) attended the deceased from

ATTENDING 77e ADDRESS

711 LOCATION

MEDICAL DIRECTOR PHYSICIAN 22c DATE SIGNED

Burial

(SPECIFY)

234 BURIAL, CREMATION, REMOVAL

11/16/1985

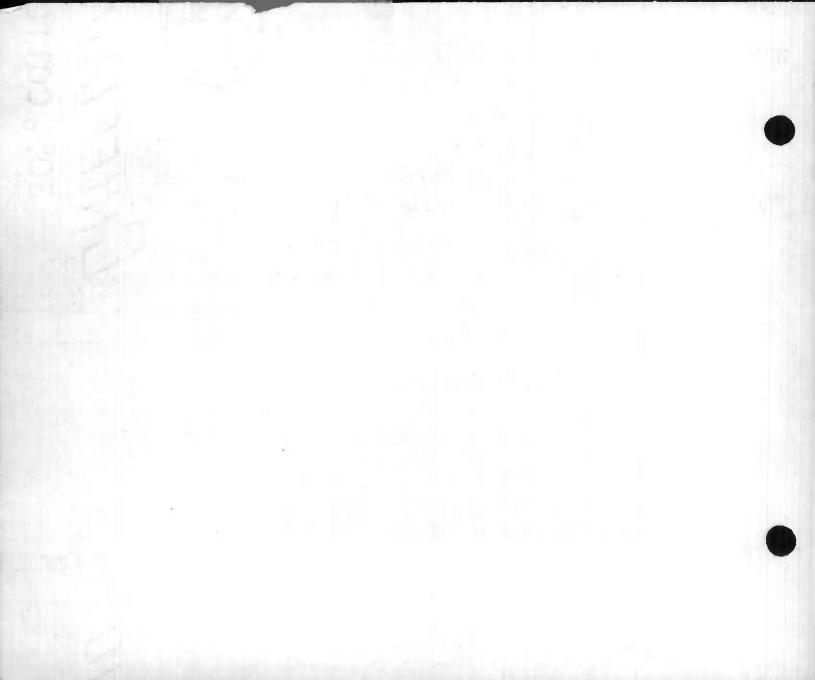
23c NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park 23d LOCATION

Baltimore, Maryland

24 FUNCE PEFT & Sons Funeral Home. Inc. 2501 Gwynns Falls Pkwy, Baltimore, Md. 21216

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE = na waydson gandelle

DHMH - 16 50M 4/83 (VRA 15, 4)



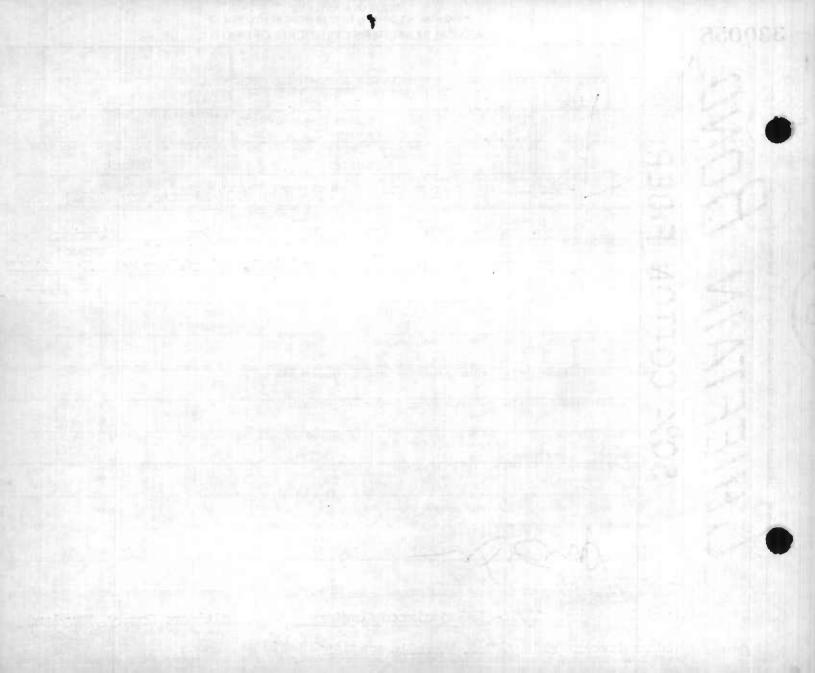
Dabrowski & Son 2818 E. Baltimore St

(VRA 15, 4)

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	A S S S S S S S S S S S S S S S S S S S	- 1	death results		ural couses X.	Accident	Suicide		Inspection	,	/	ond in my	pinion			
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	SE SE STA		SEPRETATION OF SEPERATE	1	X			M.D. <u>000</u>								
	A LINE CHE	-	EXAMINER'S (TYPE OR PRI	NAME Ann	M. Dixon,	M.D.		ADDRESS	111 P	enn St.	, Balt	O., M	D 2	1201		
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F	230 BU	URIAL CREMA	TION, REMOVAL	23b. DATE	23c NAM	NE OF CEMETE	RY OR CREMAT	TORY	236 LOCATION	V					
07/84		Bur	rial		77 /00 700							CO	UNTY	STA		
25M	RP		u-		111/20-198	5 Park	WOOD L	emeterv		Ralt.	imore	Count	77 M	arrela	nd	
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A. Alan Seitz Funeral Home 3818 Roland Ave.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B3 (VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21211

REG. NO

YEAR

85

IF UNDER I YEAR

INDUSTRY

12

26 HOUR

12b. KIND OF BUSINESS OR

Rhinehart

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO |

STATE

Maryland

COUNTY

COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR GIGNATURE

22c DATE SIGNED

IF UNDER 24 HRS

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DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

REGISTRAR

DECEASED NAME

311082

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAY

15

HOOPER

5. DATE OF BIRTH

MONTH

WIDOWED

REG. NO 20 DATE OF DEATH MONTH 26 HOUR NOVEMBER 2, 1985 4:50 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR YEAR 09 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY DIVORCED 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR Technical Corodinator 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS?

2 Half Penny Lane

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) JOHNS HOPKINS HOSPITAL USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

Catonsville.

13c. CITY OR TOWN

MIDDLE

M

White

L CITIZEN OF WHAT COUNTRY?

U.S.A.

4 RACE

Baltimore

MIDDLE

HEYES GIVE WAR OR DATES

IMMEDIATE CAUSE (a)

W.

Edith Frazier Hooper 166 SOCIAL SECURITY NO ADDRESS 216-01-7672 Florence Hooper 2 Half Penny La. 21228 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) A CONSEQUENCE C

gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NO X

15 MOTHER'S MAIDEN NAME

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG

IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20n AUTOPSY

19 (AT HOME STREET, FACTORY, OFFICE FARM ETC.)

YE AR

211 LOCATION

STREET

CITY OF TOWN

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

COUNTY

206, IF YES, WERE FINDINGS LISED

NO [

abave, (1) (we) (did) (did nat) view the body after death

716 TIME OF INJURY HOUR A.M. MONTH DAY

PM

21e PLACE OF INJURY

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

MEDICAL

DIRECTOR PHYSICIAN

77c DATE SIGNED

21228

Cremation

24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY

Security Process

23d LOCATION CITY OR TOWN

Catonsville

23b. DATE

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

SHOPE

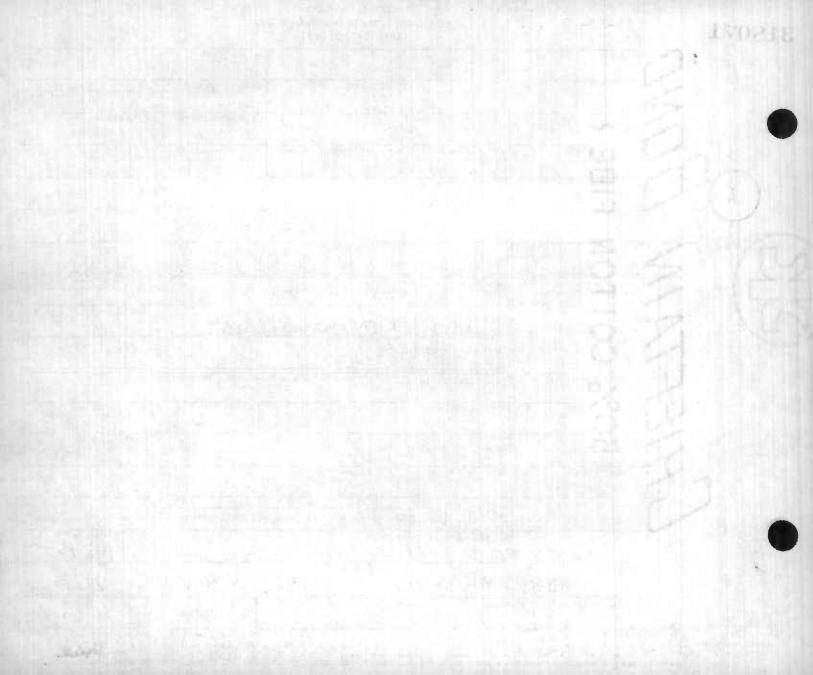
'imore

4300 Wabash Ave.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

Wm C March F.H. West



DHMH - 16 60M 7/84 (VRA 15, 4)

BP

Anatomy Board

Removal

24 FUNERAL DIRECTOR

ADDRESS

11/12/85

Balto., Md.

STATE OF MARYLAND

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

CITY OF TOWN

YEAR

IF UNDER TYEAR

INDUSTRY

2b HOUR

12b. KIND OF BUSINESS OR

21201

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

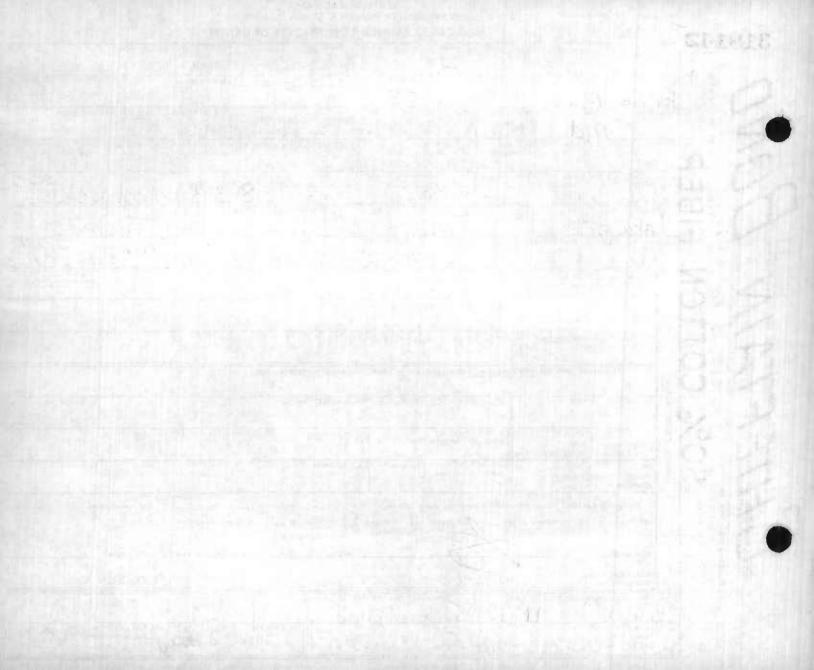
22c. DATE SIGNED

COUNTY

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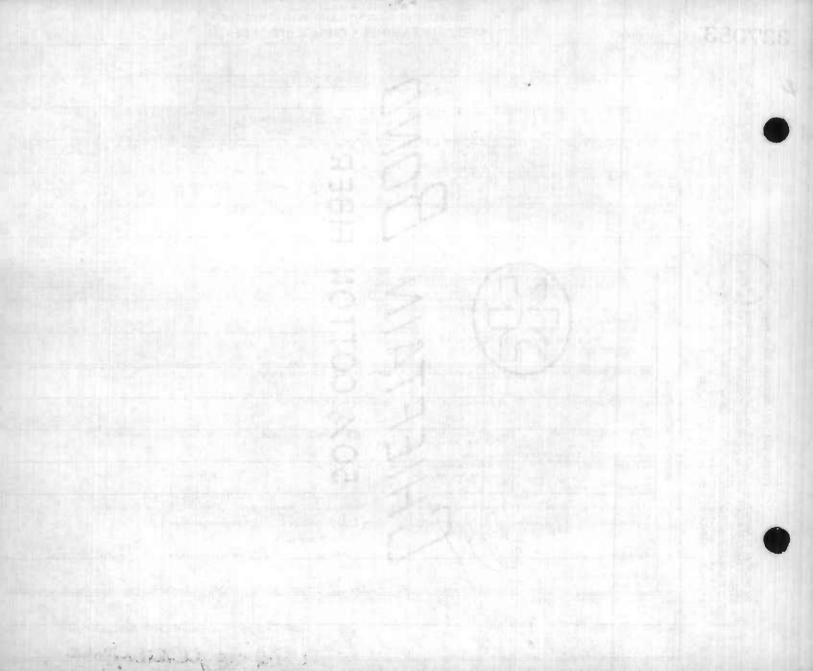
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DHMH - 16 60M 7/8	24 F	UNERAL DIRECTOR NAME V.C.MARCH F/H		ADDRESS O1 E.		h Ave	250 DATE	V 2 1 1985	R 256 REGISTR	AR'S SIGNA	anders.	
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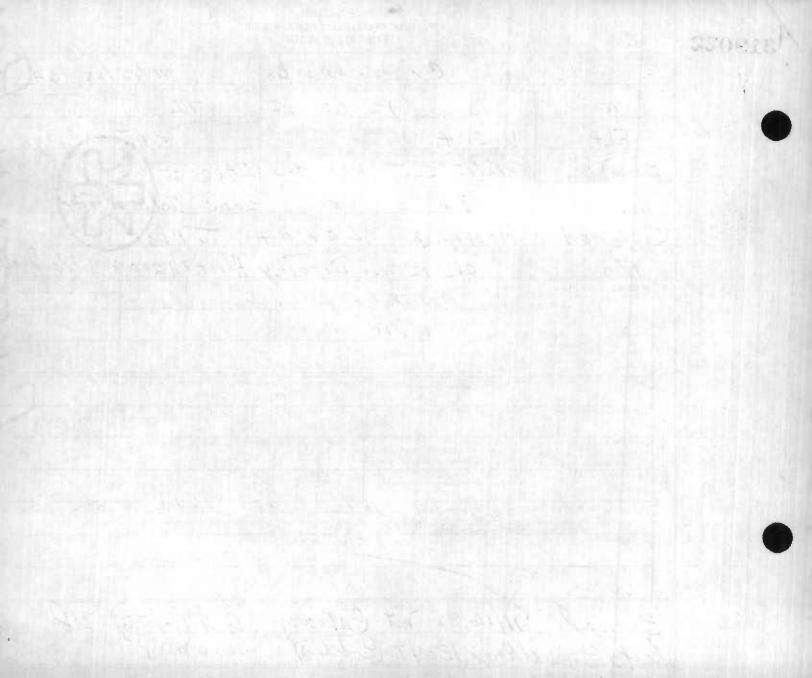


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07/84 BP			IRIAL, CREMATIC PECIFY) Remo	ON, REMOVAL 2	36 DATE 11/22/85	23c. I	NAME OF CE	METERY O	R CREMATORY	23d L CIT	OCATION		cou	PINTY	STATE	
25M DHMH - 17 (VR A15 ME	7	24 FL	NERAL DIRECTO		ADDRESS		Balto	. Md		DATE REC'D. B	SY REGISTRA	AR 25b REG	ISTRAR'S	SIGNATURE		
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ih. Page 4 i ol director 72 hours afti		RTHPLACE STATE OR	FOREIGN 7t	B CITIZEN OF WHAT	COUNTRY?	12 8 MARRIED	20 NEVER M	YEAR Z	9 BALTIMORE CI	12 TY OR	YRS MONTHS	17-	MIN.
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BALTIMORE, MARYLAND cote be executed by second and are the constant of the medical control		VAS DECEASED EVER	IN U.S. ARM	ED FORCES? 166 S	PAST SOCIAL SECUR	RITY NO.	17 INFORMAN	1 N/4	1/2 A	PODRES	/	n 10	2. 00
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ot W. PRESTON ST., that the death certifically by the attending phease remove carbang iol, cremotion, or remover or or or or other traumatic ever		Conditions, if any gave rise to im- cause (a), static underlying couse	, which mediate ng the e last	DUE TO, OR AS A (c)	CONSEQUE	NCE OF		0					
DIVISION OF VITAL RECORDS, 201 W. ING PHYSICIAN: The law requires that the otherwise physician. Wher this certificate has been signed by the ost the burial-transit permit. Then please in and Mental Hygiene prior to burial, can orked or them 18 shows any injury, or otherwise prior to burial.	CERTIFICATION	PART 2 OTHER SIG	Acr St	196 CONDITION				100	200 AUTOPSY?		20b. IF YES, WERE IN CERTIFYING C	FINDINGS L AUSES OF D	USED DEATH?
N OF VITAL SICIAN: The ring physicia certificate by uviol-transit tental Hygie frem 18 sha	MEDICAL CERT	21a ACCIDENT WAS UN OR CONTRIBUTING (FEITHER, NOTIFY MED	CAUSE OF DEATH	P.M.	MONTH DA	Y YEAR			ED (ENTER NATURE OF				, U
O O O E	MED	21d INJURY OCCUR WHILE NOT WAT WORK 22d Certify that (II	HILE D		ctory, Office FA	16	211 LOCATION STREET	. 19 <u>6</u> 5		OR TOW		85, that (STATE (1) (we) last
the hospital the hospital I DIRECTOR to Dept of Hem 21 is		saw the deceas abave, (I) (we) (27b. SIGNATURE	ed alive an _ did) (did nat)	view the bady after o			EGREE A1	TENDING	MEDICAL DIRECTOR PH	STAFF	220	am the cause	
TO HOSPITAL TO FUNERAL Should be det with the Store		22d PHYSICIAN'S N	5.	1			22¢ ADDRESS						
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	NECESSARY, PLEASE UNERAL DIRECTOR 5 FOR YOUR FILES, WITHIN 72 HOURS W, PRESTON STREET,		To 5	Alonz		- Line		owell			11-	-19 19 85	٨	
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3	O NEW YORK		lying cause I	last	DUE TO, OR A	AS A CONSEQU	JENCE OF							
201	BRE. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 FATE, WRITING THE WADDING", IN PENCIL IN ITEN ORWARDED TO THE CHIEF MEDICAL EXAMINER ALONDS, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PER FIXED PROPERTY OF HEALTH AND MENTAL HYGIEF TO 21201 PRIORITO BURIAL, CREMATION, OR REMOVAL		79		(c)			1400 16						
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DEPARTMENT OF HEALTH AND MENTAL HYGIEN

FOR

(VRA 15, 4)

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DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR garles S. Zeiler & Son Inc. 6224 Fastern Ave.

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Trains S. Seiler 8 son Snc. 1224 arten ve.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. LAST 20 DATE OF DEATH 2b. HOUR 40 HUDAK 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF LINDER 2 + HRS YRS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Tavern Owner Retired 13e STREET ADDRESS / ZIP CODE 3708 Ridgecroft Rd. 21206 Prichard 21234 212-16-3554 Grace C. Schollian 2806 Garnet Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) COUNTY STATE and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED DIRECTOR PHYSICIAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR

V DECEASED NAME

REGISTRAR

STEPHEN

- STATE

TYPE OF PRINTS

318114

John C. Miller Inc. 6415 Belair Rd.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

Md

COUNTY

Balto

THE PERSON | 10. 6 | 145 | 10. 10. 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10. | 10.

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oge 3 death	TOECE ASED NAME FIRST		ginia	Huds	son .		20. DATE C	FDEATH	11-2	5 -	YEAR 85	26 HOUF
moy	3. SEX Female	4 RACE Whi	te	S DATE O		1895	6 AGE (IN	90	IRTHDAY)	IF UNDI	DATS	HOURS
1 15 15	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania		5 4		MARRIED NEVER MARRIED DIVORCED D					ATH	rs	
Baltimore		St. A	NG HOME OR OTHER INSTITUTION TAPPRESS!				CAL	TION OF WORKING		DUSTRY	r BUSINE	
(1)	USUAL RESIDENCE (IF NURSING HOME 130 STATE NO COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE Inc. CITY OR TOW Linthicu		13d INSIDE YES []	CITY LIMITS?	13.STREET	ADDRESS Ha.m.mo	/ ZIP COL	erry	Roa	d 210
11/2	FATHER'S NAME FIRST Wilbur	MIDDLE H.	Laird		15 MOTHE	R'S MAIDEN NA	AME	MIDDLE			LAST	
J. Coop		RMED FORCES? GIVE WAR OR DATES)	201-16-4		17 INFORM	Smith	Same a	as 13		1		

nent CAUSE OF DEATH (Enter only one couse per line for to), (b), and to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0). DUE TO. OR AS A CONSEQUENCE OF ULMONARY ARREST Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF FAILURE & PROBABLE M I. cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION MITRAL VALUE DISEASE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO X YES [Hem 18 sh 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFEITHER NOTIFY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the bady after death and that in (my) (aur) apinion death occurred an the date and have and from the causes stated DEGREE 22b. SIGNATURE 22¢ DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 224 PHYSICIAN'S DIAME (TYPE OR PRINT) ST. AGNES HOSPITAL, GOICATON AVE BALTO MO 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

and Mental Hygiene

FULLER DIRECTOR After this

Burial 11/29/85 St Johns Cemetery 24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchre Hgwy Balto Md

Lewisberry

York

Pa.

E.REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

HOLE BY MAKE THE MENT AND THE STATE

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6	of po	3.	SEX			4. RACE		5. DATE C		YEAR	6. AGE (IN YE	EARS LAST BIRTI	HDAY)	FUNDER LYE		DER 24 HRS
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	by the fu		,1	y or town of dea Baltimore	1	Franci	HOSPITAL, NUE CHEACHTY, GIVE ST A COXX	E Key Me	or other inst	enter	120 USUAL C (TYPE OF WORK Reti	CCUPATION MOST OF	ON WORKING LIFE	12b. KIND INDUSTR	OF BUS	iness or
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2	ng physicia certificate l riol-transit ental Hygie ltem 18 sho	40	_	210. ACCIDENT WAS UND OR CONTRIBUTING []	CAUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTER NAT	TURE OF INJUR	Y IN ITEM 18 P	ART 1 OR PART 2	1	35
o And C	offendin fer this os the bur h ond Me		MEDICAL	216 INJURY OCCURI		210. PLACE LAT HOME ST	OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	21f LOCATIO	DN "		CITY OR TOV	VN	COUNTY		STATE
	or Anticonne e hospital or DIRECTOR: Al oched for use Dept. of Healt f Item 21 is mo			22a.1 certify that (1) sow the decease abave, (1) (we) (a				-	nd that in (my)	(our) opinion o		d on the do	te and hou	r and from the	, that (I	
	£	1.		22b. SIGNATURE	uly	いむ	eh	mb		ATTENDING PHYSICIAN	MEDICAL DIRECTOR [Hous STAF PHYSICI	F		TESIGNI	ED - 85
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1	BP		(5	JRIAL, CREMATION, PECIFY) Burial		23b. DATE		Baltine	emetery or o		Bal	TION PRIOWN timon	e Cit	county M	Bank	STATE
DH/	VH - 16 50M 4/82 (VRA 15. 4)	2		veral director	Peilen	& San	Inc ADDRE	524 80	ton Av	250. DATI	VAT BR	985	gastans	RAK VISION	ATURE	

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1055 For June 16. 21221	Pozie I.	6004-0-10	Note that	
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A FAMILY OF				
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	Laster 20.	11-17-35 Belli	Busial	
9 3 9 9 9 9 9 8		7 02 Me. 121	Justes S. Jail	

329015	FOR 1 - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 9 4 /
	1. DECEASED NAME FIRST	WIOOLE	LAST	20 DATE OF DEATH MONTH O	AY YEAR 26 HOUR A
Second Second	MAXINE	M,	HUEY	NOVEMBER 13, 19	985 2:32 _M
moy moy	Female	Caucasian	5. DATE OF BIRTH 0°5 1°917		IF UNDER LYEAR IF UNDER 24 HRS
1	70 BIRTHPLACE (STATE OR FORE COUNTRY)	7% CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY BALTIMORE C	
on the call of the	10 CITY OR TOWN OF DEATH BALTIMORE	1). NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A THE JOHNS HOPK		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Library Aid	126 KIND OF BUSINESS OR INDUSTRY Public Librar
AND 212	PA Jeff	cther institution give residence before 134. CITY OR TOWN Reynold	Svilles X NO	13. STREET ADDRESS / ZIP CODE 468 Main Stre	999999
MARNI WAR	Harry	Mason	Bessie	WIOOFE	Cox
MORE Popular	160 WAS DECEASED EVER IN U.S. AR/ (YES NO ORUNNOWN) (IF YES, GIVE	WAR OR DATES)	-9702 Robert L.		
E. BAD		ly one cause per line for (a), (b), and D BY: E CAUSE (a)	rolia		BETWEEN ONSET AND DEATH G — / Low
iston serification of the cerbin of the corbin of the corb	Conditions, if any, which	DUE TO, OR AS A CONTROLL	luman entor	lus	1 hr
hat the charthe cost remains it, cremain other true	gove rise to immediate cause, 10), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF meterfalia	disease	142
RDS, 20	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING 40/0	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART IIO
A RECOID IN THE BOW TH	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED VING CAUSES OF DEATH?
OF VITA	210. ACCIDENT WAS UNDERLYING		Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RI I ORPARI ?)
VISION G PHYS G PHYS G sthe bur ond Me wed on	HILE NOT WHILE AL WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN TENDIN TO A A TO A TO A TO A TO A TO A TO A T	270.1 certify that (1) (this haspit saw the deceased alive on	11/13	200 and that in (my) (aur) apinian	death accurred on the date and hour	9
SPITAL OR A d by the hosp INERAL DIREC be detached if the State Dept STANT if frem:	THE SHAPEATURE	tooth	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED 11/13/85
O HOSPII etaned b TO FUNER TIO FUNE MIT THE ST	PETER	HERNEFF	120 ADDRESS 600.	N. WOLFE STREET I	HOST 21205
	230 BURIAL, CREMATION, REMOVAL	THE REPORT OF THE PARTY OF	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
BP	Burial 24 FUNERAL DIRECTOR	11-16-85 Sa	ndy Valley Cem.	Reynoldsvill E REC'D. BY REGISTRAR 256 REGISTR	e, Jefferson
(VRA 15,4)	MacNabb Funera	l Home, Caton	W1 WW 1011	1.9 1985	AK 5 SIGNATURE

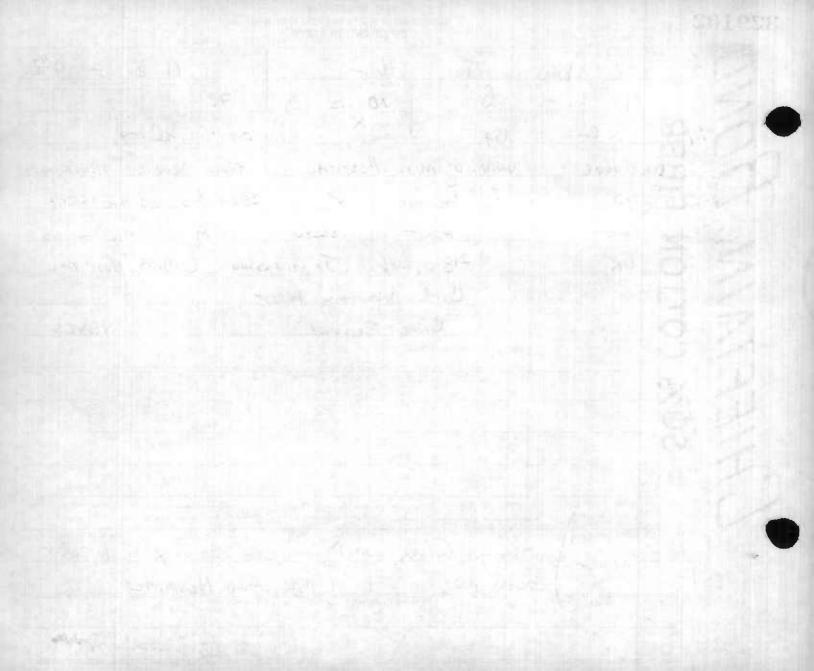
LLIAM E. JOHNSON 8521

(VRA 15, 4)

THE PROPERTY OF THE PARTY OF TH SANGTANES TO THE OWNER WINDOWS TO SELECT THE

325020	1.	FOR STATE REGISTRAR FOR	H. Hughe	DEPARTA 9.5	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH	SIENE S	3 0	9 4	1 9
noy be		CEASED NAME TOLIN		MIDDLE	Hy	ghes	1	MONTH DAY	-85	1031pm
ors ofter o	3. SE	Male	White		S DATE (5 BIRTH 30 1924 YEAR	6. AGE (IN YEARS LAST BIRT	YRS.	THS DAYS	FUNDER 23 HRS. HOURS MIN,
dearn.	1	RTHPLACE (STATE OFFICE PARTY) and	USA	WHAT COUNTRY?	WIDOW		Baltimore	City		MD.
5 12 1	×	OR TOWN OF DEATH	The such	CH FACILITY, GIVE SPEET	ADDRESSI	or other institution we had the	12a. USUAL OCCUPATION OF THE OF WORK FOR MOST OF	ON WORKING LIFE)	126. KIND OF I	ing Co.
AND 21	120	9	timore	130 CITY OR TOW	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / 600 Greyt	ZIP CODE	d. 212	221
MARYL ond 3)4. F	ATHER'S NAME FIRS Michael	Hughes	LAST		15 MOTHER'S MAIDEN NA Elizabet	h Gruebler		LAST	
ob execution and co	160 1	VAS DECEASED EVER IN U.S. AI	RMED FORCES?	218 12 7		Katherine Hu	shes, Wife	ss Sai		
of, BALTI		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per ED BY: TE CAUSE (0)	r line for (a), (b), on	adia	Arrest			APPROXIMA BETWEEN ON	SET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The law requires that the death certificate be executed within 24 hours offending physician. Ifter this certificate has been signed by the attending physician and completely filled in b os the burial-transit permit. Then please remove carbon papers. Pages I and 2 thin Id be full though Mennal Hygene prior to burial, cremation, or removal. orked or them 18 shows any injury, or other traumatic event, the medical		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b) DUE TO, O	ONTRIBUTING TO E	ENCE OF	Spithy NOT RELATED TO THE TERM	ninal disease or cone	DITION GIVEN	IN PART 110	
TAL RECORDS The law required. The law required. The hos been sit permit. The green prior to show sony injury	CERTIFICATION	190 DATE OF OPERATION	196 COND	PHYS ITTION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WIN CERTIFYIN	/ERE FINDING IG CAUSES O	S USED F DEATH? NO
Do de de E	MEDICAL CE	218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF ETHER, NOTHY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHITE NOT WHITE AT WORK AT WORK 228.1 certify that (16 this base)	HOUR A. R) P. 21e. PLACE (AT HOME. STI	M. MONTH DAM. OF INJURY REEL FACTORY OFFICE F Re deceosed from	ARM ETC)	21f. HOW INJURY OCCUR	(IIY OR TOV	vN 19	COUNTY . the	STATE
HOSPITAL OK AN Institute by the hospital of FUNERAL DIRECTORAL DIRECTORAL DIRECTORAL STORE DEPT of the Store Dept of OORTANT; if them 2		sow the deceased alive or obove (1) (we) (did) (did not	of fre	olter death. 19 My	,	DEGREE ATTENDING PHYSICIAN [22e ADDRESS FRANCES S. H	MEDICAL STAF DIRECTOR PHYSIC	F	224. DATE SH	
BP	23a. I	BURIAL, CREMATION, REMOVAL	236 DAJE 11/19	/85 Sac	red I	emetery or crematory leart of Jesus	23d LOCATION Baltimor	e Co.,	Mi.	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24. F	udzinski fune:	ral Home	A 1407	old I	Eastern AvenO	V 1 9 1985	Ub REGISSION	Cally and	

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	FOR
1 -	STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.				
Ì		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR		
l	fire	Will	12	4	untley		11 30	83	5-03 PM		
I	3. SE)	(4 RACE	5. DATE (6 AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS		
ł		M	В	1	22 18	67	YRS	UA.S	HOURS MIN.		
ľ		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY C					
١	N.	C	U.S.A.	WIDOWI		BALTIMO	RE, CI	ΓY	MD		
ł	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	T ADDRESS)		12g USUAL OCCUPAT			OF BUSINESS OR		
1	BA	LTIMORE	CHURCH HOM	E HO	SPITAL	EASTERN	STEEL	LA	BOR		
	13a S	AL RESIDENCE (IF NURSING HOME OF		VN	134 INSIDE CITY LIMITS?	2007 BELL	Á IR RD	. 2	1213		
Ì	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	AME					
ı	BA	BE	HUNTLE	Y	ADDTE	without	В	REWE	R		
Ī		VAS DECEASED EVER IN U.S. AF	IVE WAR OR DATEST		17 INFORMANT	ADDRI					
I	YE	S	241-18	-831	8 HATTIE	HUNTLEY 2	007 BE	LAIR	RD.		
Ì		18 CAUSE OF DEATH (Enter of	inly one couse per line for ioi, ib, or		,			BETWEEN	CIMATE INTERVAL ONSET AND DEATH		
ı	н	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Cardioful monary Arrest									
١		DUE TO, OR AS A CONSEQUENCE OF									
١		Conditions, if any, which gove rise to immediate DUE TO, OR AS A CONSTANTIZ Maltypent Carcinoid									
ı		couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF									
١		(c)									
1	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDI	NGS USED		
ı	IFIC					YES TO NOT	S OF DEATH?				
ł	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR		YES [140		
I		OR CONTRIBUTING CAUSE OF DE		AY YEAR							
I	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	21e PLACE OF INJURY	19	211 LOCATION			COUNTY			
1	ME	WHILE NOT WHILE AT WORK AT WORK OF THE TOTAL							\$1.A1E		
1		-	oital) attended the deceased from.	11	24 19.83		30 19	85	that (we) lost		
١		sow the deceased alive on 11/30 19 85, and that in 19/1 (aur) opinion death occurred on the date and hour and from the causes stated above 11/40 (did of view the body after death.									
I		The SIGNAL HE COUNTY OF THE SIGNED /									
I		Lawrence	- 10HH Ma	U	ATTENDING PHYSICIAN	MEDICAL STA		111	130/85		
1		22d. PLYSICIAN'S NAME (TYPE	ORPRINT	10	22e ADDRESS	/ // /	1 10	1.	. 10 /		
		Lawrence	J. Appel, M	.1.	Church F	tore Hospila	1,000	timo	re, med		
	230 E	BURIAL CREMATION, REMOVAL	1 236 PATE 7 - 85	NAME OF T	EMETERY OF CREMATORY	BALTEMO	RE co	MAR	YLAND		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

WM. MARCH F/H INC

24 FUNERAL DIRECTOR

ADDRESS 1101 E NORTH AVE

DEC 6 1985

